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## Thomas Mann's Illness Mythologies in the Work of Philip Roth

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**Thomas Mann's Illness Mythologies in the Work of  
Philip Roth**

**Nicola von Bodman-Hensler**  
**Thesis for the degree of PhD in English**  
**King's College London**  
**2013**

## **Abstract**

Thomas Mann's illness symbolism is one of the most important fictional explorations of medical narrative in twentieth-century literature. Drawing on scholarship in the medical humanities, this study interprets Mann's illness narratives in the light of what I shall term various mythologies of illness in his work. Next to establishing a new reading of Mann's literary appropriation of medicine, I examine a major postmodern reading of these mythologies by the American author Philip Roth and his relationship to German thought on illness. The central focus of this thesis is on the dialogue between illness as a figure in fiction and the medical narrative tradition such as the clinical and curious discourse within case history writing neglected by scholarly research on Thomas Mann and Philip Roth so far.

I start by providing a contextual consideration of the development of the medical case history as narrative, which through common roots with the novel lends itself as medical countertext to Thomas Mann's fiction. I demonstrate how Mann imagines the defective body as the concrete site of the struggle for art and eventually vindicates the *sentimentalisch* consciousness. Because bodily defects are the marks of artistic sensitivity in Mann's oeuvre, mythologies of illness are among the most important structuring principles of his work. Despite his canonical status, Mann has not been thought of as exerting a very direct influence on writers in the English-speaking world. I will demonstrate that the postmodern variations of the illness theme by Philip Roth are grounded in Mann's fictional explorations of the body in decline. There are two things at stake here. I offer a new perspective on Thomas Mann drawing on medical narrative traditions in his mythologies of illness. By linking the postmodern author Philip Roth to Thomas Mann this thesis sheds light on the tradition of writing the defective body and the sick self from Fin de Siècle German to contemporary American literature.

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Unless otherwise stated all translations are my own.

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# I. Introduction: ‘To Tell the Story of Man’s Life Through His Illness’? (pp. 6 – 36)

## 1.1 Two literary giants of illness writing

In the notes for his 1925 essay ‘Goethe and Tolstoy’ Thomas Mann (1875-1955) quotes Johann Wolfgang von Goethe (1749-1832)

Die menschliche Gestalt kann nicht bloss / nur / durch das Beschauen ihrer Oberfläche begriffen werden; man muss ihr Inneres entblößen, ihre Teile sondern, die Verbindung derselben bemerken

[The human form can never be grasped merely through the observation of its surface; one must uncover its inner being, separate its parts, note the connections between them]<sup>1</sup>

The literary representation of the ‘inner being’ of the human *Gestalt* as laid out by Goethe in ‘Einleitung in die *Propyläen*’ [Introduction to *Propylaea*] (1798) is a theme two major voices of twentieth century illness narratives, Thomas Mann and Philip Roth (born 1933), are committed to.<sup>2</sup> Both authors seek to find ways of describing the self and artistic identity through a turn towards pathology and physical illness. Despite the many references to Thomas Mann that Philip Roth has placed in his work and the preoccupation with pathology both authors’ work shows, surprisingly, Thomas Mann and Philip Roth have not been linked within literary research. Owing to the central position of these two authors in Western European literature, this thesis puts forward the first book-length analysis of the literary relationship between Thomas Mann and Philip Roth which, I suggest, involves understanding the representation of medicine in both.

Due to its cross disciplinary nature, the thesis has various audiences in mind, foremost amongst which is the medical humanities. Established by the classic works of Arthur Kleinman, Anne Hunsaker Hawkins, Rita Charon, and Arthur Frank, the medical humanities have influenced literary analysis and formed an interdisciplinary field linking the various humanities’

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<sup>1</sup> For an excellent analysis of the genesis and compilation of the notes for ‘Goethe and Tolstoy’ that originated in a speech Thomas Mann gave in 1921 at the ‘Nordic Week’ celebrations in Lübeck: Clayton Koelb, *Thomas Mann’s ‘Goethe and Tolstoy’. Notes and Sources* (Alabama: The University of Alabama Press, 1984), p. 205; translation p. 84. I prefer Clayton Koelb’s translation of Goethe’s words from the translation The human form cannot be thoroughly understood by merely observing its exterior: ‘We need to expose what is inside, distinguish the parts and note the relation’ in Johann Wolfgang Goethe, ‘Introduction to *Propylaea*’, in *Goethe. The Collected Works*, ed. by John Gearey, 12 vols (Princeton, N. J.: Princeton University Press, 1994), III: Essays on Art and Literature, trans. by Ellen von Nardroff and Ernest H. von Nardroff, 71-159 (p. 82).

<sup>2</sup> Johann Wolfgang Goethe, ‘Einleitung in die Propyläen’, in *Johann Wolfgang Goethe. Sämtliche Werke. Briefe, Tagebücher und Gespräche*, ed. by Friedmar Apel and others, 40 vols (Frankfurt am Main: Deutscher Klassiker Verlag, 1998), XVIII: Johann Wolfgang Goethe. Ästhetische Schriften 1771-1805, p. 462.

approaches to concepts of health and disease.<sup>3</sup> My work is situated within the illness narrative branch of the medical humanities. Over the last two decades ‘there has been an explosion of interest in the literary possibilities of illness’ and those critics interested in illness narrative have set themselves the task of ‘uncover[ing] the diversity and the complexity of voices pertaining to illness and disease’.<sup>4</sup> The first aim of this thesis is to deliver a new, contemporary reading of Thomas Mann’s illness narratives and provide an overview of the distinct illness mythologies he establishes. The second is to provide the first in-depth analysis of Philip Roth as a reader of Mann, one who rehearses vital episodes of Thomas Mann’s writing of illness in his own work. This will shed light on Roth’s literary relationship with late nineteenth-century German thought as well as uncover new aspects of Philip Roth’s literary configuration of the disordered body. In more general terms, the analysis offered here is based on the idea that in its various forms medical writing has shaped literature, and that literary analysis can gain much from the consideration of medical narratives. Thus the identification of the role the medical case history plays in novelistic writing is a third point of interest.

Placing myself alongside the work of Nicolas Pethes, Gianna Pomata and Meegan Kennedy, I conceive of the case history as a central form of medical reasoning concerned with medical phenomena that cannot easily be subsumed within the system of medical diagnosis.<sup>5</sup> The assumption that medical narratives are, like literary ones, unstable ‘storied construals’ reflecting personal and wider cultural phenomena has only recently gained more attention.<sup>6</sup> As Nicolas Pethes argues, it is time to acknowledge the strong similarities in the way knowledge is conveyed in medical and literary discourse.<sup>7</sup> I concur with Pethes in regards to the fact that the concept of the ‘two cultures’, clinical language and the modernist deconstruction of realism, could only emerge due to the strong historical connections between the genres of case history and literature.<sup>8</sup> However, unlike Pethes, I argue that this mutual inspiration has not ended with

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3 Arthur Kleinman, *The Illness Narratives. Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988); Ann Hunsaker Hawkins, *Reconstructing Illness. Studies in Pathography* (West Lafayette: Purdue, 1999); Rita Charon, *Narrative Medicine. Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006); Arthur Frank, *The Wounded Storyteller. Body, Illness and Ethics* (Chicago: University of Chicago Press, 1995).

4 Neil Vickers <http://www.kcl.ac.uk/artshums/depts/english/people/staff/academic/vickers/index.aspx> [accessed 18 April 2013];

<<http://www.kcl.ac.uk/innovation/groups/chh/about/index.aspx>> [accessed 4 December 2011].

5 Nicolas Pethes, ‘Epistemische Schreibweisen. Zur Konvergenz und Differenz naturwissenschaftlicher und literarischer Erzählformen in Fallberichten’, in *Der ärztliche Fallbericht. Epistemische Grundlagen und textuelle Strukturen dargestellter Beobachtung*, ed. by Rudolf Behrens and Carsten Zelle (Wiesbaden: Harrassowitz Verlag, 2012), 1-22; Gianna Pomata, ‘Sharing Cases. The *Observationes* in Early Modern Medicine’, *Early Science and Medicine*, 15 (2010), 193-236; Meegan Kennedy, *A Curious Literature: Reading the Medical Case History From the Royal Society to Freud* (unpublished doctoral thesis, Brown University, 2000); Meegan Kennedy, *Revising the Clinic, Vision and Representation in Victorian Medical Narrative and the Novel* (Columbus: Ohio State University, 2010).

6 Brian Hurwitz, ‘Clinical Cases and Case Reports: Boundaries and Porosities’, in *The Case and the Canon. Anomalies, Discontinuities, Metaphors Between Science and Literature*, ed. by Alessandra Calanchi and others (Göttingen: V&R Unipress, 2011), 45-57 (p. 55).

7 Pethes, ‘Epistemische Schreibweisen’, p. 4.

8 Charles P. Snow, *The Two Cultures*, ed. by Stefan Collini (Cambridge: Cambridge University Press, 1993); Pethes, ‘Epistemische Schreibweisen’, p. 20.



the formation of the two cultures in the twentieth century. Rather, the medical case history has initiated a new way of thinking about literature and medicine, one that can contribute to a re-evaluation of the worth of literary analysis for medical history and science.<sup>9</sup> The case history can be seen as a 'hybrid text' representing diverging cultural techniques of writing, a characteristic which touches upon Homi K. Bhabha's critique of our sense of 'the authority of cultural synthesis'. In his essay 'Cultural Diversity and Cultural Differences' Bhabha argues that the difference in 'language', created by the fact that enunciation is complicated by writing, ensures that culture is never 'mimetic and transparent'. He proposes a 'third space' that emphasises 'an ambivalence in the act of interpretation'.<sup>10</sup> Medical case histories have a similarly destabilizing function. Like Bhabha's third space they make interpretation ambivalent and blur the boundaries between literature and medicine as the case forms a transgressive genre which 'represents a problem-event' that has 'animated some kind of judgment', as Lauren Berlant points out.<sup>11</sup> The third space ensures that there is 'no primordial unity or fixity and suggests that even the same signs can be appropriated, translated, rehistoricized, and read anew'.<sup>12</sup> The space of the medical case history, too, allows a new reading of literary texts that makes tangible the hybridity and fluidity of language between medicine and literature.<sup>13</sup>

This thesis will investigate the cultural power of the case history. Its purpose is to show, via examination of two major writers, how illness came to be configured as independent symbolic resource through case writing within high literature. I start the analysis with German writer Thomas Mann whom Terence J. Reed once described as 'something like a living sum of German culture'.<sup>14</sup> By asking *how* Mann appropriated medical narrative and knowledge in *Buddenbrooks* (1901), *Death in Venice* (1911), and *The Magic Mountain* (1924) and by defining what I call the distinct illness mythologies as they are characterised as systematic but not accountable to science he establishes, I propose a new, contemporary perspective on the role of medical discourse for this major German voice.<sup>15</sup> This thesis examines Mann's work in order to

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9 Nicolas Pethes and Sandra Richter, 'Einleitung', in *Medizinische Schreibweisen. Ausdifferenzierung und Transfer zwischen Medizin und Literatur (1600-1900)*, ed. by Nicolas Pethes and Sandra Richter (Tübingen: Niemeyer, 2008), p. 2; Pethes, 'Epistemische Schreibweisen', p. 3.

10 Homi K. Bhabha, 'Cultural Diversity and Cultural Differences'

<<http://monumenttotransformation.org/atlas-of-transformation/html/c/cultural-diversity/cultural-diversity-and-cultural-differences-homi-k-bhabha.html>> [accessed 21 May 2013].

11 Lauren Berlant, 'On the Case', *Critical Inquiry*, 33 (2007), 663-672 (p. 663).

12 Bhabha.

13 Pethes/Richter, p. 45.

14 Terence J. Reed, *Thomas Mann. The Uses of Tradition*, 2nd edn (Oxford: Clarendon Press, 1996), p. 1.

15 Thomas Mann, *Buddenbrooks. Verfall einer Familie*, in *Gesammelte Werke in dreizehn Bänden*, ed. by Peter de Mendelssohn and Peter Bürgin, 2nd edn, 13 vols (Frankfurt a. M.: S. Fischer Verlag, 1974), I; translation: Thomas Mann, *Buddenbrooks. The Decline of a Family*, trans. by John E. Woods (New York: Vintage, 1994);

Thomas Mann, 'Der Tod in Venedig', in *Gesammelte Werke*, ed. by de Mendelssohn and Bürgin, 2nd edn, VIII: Erzählungen. Florenza. Dichtungen, 444-525; translation: Thomas Mann, *Death in Venice*, trans. by David Luke (London: Vintage Books, 1998). Subsequently referred to as *Death in Venice* in the text;

show how he configures the medical case history as a source of inspiration, how he negotiates artistic identity and engages with contemporary culture through it – and how he satirically subverts scientific positivism. Scientific positivism, as referred to here, relies on the philosophic system established by August Comte (1798–1857) which in later use stood for the assumption that ‘every cognitively meaningful proposition can be scientifically verified or falsified’.<sup>16</sup> In the context of this thesis scientific positivism is understood as the fetishisation of the observable as construed by experimental science.

It will become clear that in *Buddenbrooks* Mann turns to Schopenhauer, who by placing insight into corporeality, drew an ambiguous picture of the body as seat of ‘pain and deficiency’ and as ‘the ground of our knowledge’.<sup>17</sup> To Mann, Schopenhauer’s pessimism, as represented in the self-destructive will and the perception of the body, proved an important point of departure in his early work, as will be outlined further in 2.2.<sup>18</sup> In combination with Nietzsche’s moral critique this became a source for a kind of biologicistic nihilism conceiving of life as destructive of its own purpose. Thomas Mann’s work increasingly relies on an electric ambiguity as he also turned to Nietzsche’s notion of embracing life and the will to power.<sup>19</sup> In *Death in Venice* the body became the space in which to investigate the relevance of Nietzsche’s concepts of the Dionysian and Apollonian principles for art and life.<sup>20</sup> In the analysis it will be shown that Thomas Mann, the ironist, situated Nietzsche’s ideas about art in the disordered body. In *Die Geburt der Tragödie aus dem Geiste der Musik* [The Birth of Tragedy From the Spirit of Music] Nietzsche introduces Greek antiquity as ‘a model that could revitalize art’, as Ernest Schonfield points out.<sup>21</sup> He turns to the Apollonian principle of art as cognitive activity, which rests on

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Thomas Mann, *Der Zauberberg*, in *Gesammelte Werke*, ed. by de Mendelssohn and Bürgin, 2nd edn, III; translation: Thomas Mann, *The Magic Mountain*, trans. by John E. Woods (New York: Alfred A. Knopf, 1995). Subsequently referred to as *MM*;

Art. ‘mythology’, *Oxford English Dictionary*, electronic resource (Oxford: Oxford University Press, 2000 - )

<<http://0-www.oed.com.catalogue.ulrls.lon.ac.uk/view/Entry/124702?redirectedFrom=mythology#eid>> [accessed 11 July 2013]. All further references to this resource will be entitled with *OED*.

<sup>16</sup> Art. ‘positivism’, *OED*, <<http://0-www.oed.com.catalogue.ulrls.lon.ac.uk/view/Entry/148321?redirectedFrom=positivism#eid>>

accessed 16 September 2013.

<sup>17</sup> Matthew Bell, *The German Tradition of Psychology in Literature and Thought 1700-1840* (Cambridge: Cambridge University Press, 2005), p. 210;

Nussbaum, ‘Nietzsche, Schopenhauer, Dionysus’, pp. 349-350.

<sup>18</sup> Nussbaum, ‘Nietzsche, Schopenhauer, Dionysus’, pp. 349-350.

<sup>19</sup> Børge Kristiansen, ‘Thomas Mann und die Philosophie’, in *Thomas-Mann-Handbuch*, ed. by Helmut Koopmann, 3rd edn (Stuttgart: Kröner, 2001), 259-283 (pp. 262-263).

<sup>20</sup> Friedrich Nietzsche, *Die Geburt der Tragödie aus dem Geiste der Musik*, in *Nietzsche Werke*.

*Kritische Gesamtausgabe*, ed. by Giorgio Colli and Mazzino Montinari, 30 vols in 8 sections (Leipzig, Verlag von E. W. Fritzsche, 1872; repr. Berlin: Walter de Gruyter, 1972), III/I, 5-152; translation:

Friedrich Nietzsche, *The Birth of Tragedy or Hellenism and Pessimism*, trans. by W. A. Haussmann, in *The Complete Works of Friedrich Nietzsche*, ed. by Oscar Levy, 18 vols (Edinburgh: T. N. Foulis, 1911), III.

<sup>21</sup> Ernest Schonfield, *Art and Its Uses in Thomas Mann’s ‘Felix Krull’*, Modern Humanities Research Association Texts and Dissertations, 70, Bithell Series of Dissertations, 32 (London: Maney Publishing, 2008), p. 91.

‘Traume’ [dreamland] and affords dispassionate contemplation.<sup>22</sup> The Dionysian principle, meanwhile, represents ‘movement and sexuality’, as well as the ‘absence of a clear individuation of the self’. Both principles form ‘nature’s two art impulses’, ‘the Apolline desire for beauty and harmony’ and ‘the Dionysiac urge for intoxicating instinctual release’.<sup>23</sup> According to Nietzsche, modern culture in its valuation of Socrates and its emphasis on the ‘rational project’, has lost its quintessential balance worshipping the Apollonian principle only. In his view the commitment to a positive view on science leaves aside the vulnerability and the mortality of man and must lead to crisis.<sup>24</sup> What I want to suggest is that Mann takes up Nietzsche’s quest for balance and myth and negotiates these questions through the disordered body. Within the struggle for identity, which bears aesthetic connotations, as Nietzsche proclaims, the sick body, too, becomes relevant as an ‘aesthetic phenomenon’ nevertheless it always remains subject to irony.<sup>25</sup>

Writing very much in the tradition of Mann, contemporary American author Philip Roth is the second author to be considered in this thesis. In Mannian vein ‘righteousness and restraint’ and ‘ironic humanism’ have formed central pillars of Roth’s writing.<sup>26</sup> Meanwhile, his work attests to a profound engagement with and interpretation of Thomas Mann’s illness mythologies that has been neglected thus far.<sup>27</sup> Despite his canonical status, Thomas Mann has not been thought of as exerting a very direct influence on writers in the English-speaking world. Connections between nineteenth century German thought and Roth’s work have only been made in the specific case of Franz Kafka.<sup>28</sup> Hermione Lee is one of the few critics who has directly linked Roth’s characters, in this case the female figures in *My Life as a Man*, to Nietzsche and ‘Dionysian or daemonic influences’ in contrast to the ‘Apollonian reason and

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22 Nietzsche, *Die Geburt der Tragödie aus dem Geiste der Musik*, p. 22; Haussmann, p. 23.

23 Martha Nussbaum, ‘Nietzsche, Schopenhauer, Dionysus’, in *The Cambridge Companion to Schopenhauer*, ed. by Christopher Janaway (Cambridge: Cambridge University Press, 1999), 344-374 (359-360);

Ritchie Robertson, ‘Primitivism and Psychology: Nietzsche, Freud, Thomas Mann’, in *Modernism and the European Unconscious*, ed. by Peter Collier and Judy Davies (New York: St. Martin’s Press, 1990), 79-93 (p. 81).

24 Kathleen Higgins and Bernd Magnus, ‘Nietzsche’s Works and Their Themes’, in *The Cambridge Companion to Nietzsche*, ed. by Kathleen Higgins and Bernd Magnus, 3rd edn (Cambridge: Cambridge University Press, 1999), 21-68 (pp. 22-23).

<sup>25</sup> For a discussion Nietzsche’s configuration of identity as aesthetic in the case of Felix Krull, Schonfield, p. 26.

26 Philip Roth, ‘Imagining Jews’, *The New York Review of Books*, 3 October 1974, 22-28 (p. 24).

27 Derek Parker Royal mentions that Mann, amongst other writers such as Dostoyevsky, Flaubert, and James, features ‘prominently’ in Roth’s work but does not elaborate the Mann connection further. Derek Parker Royal, *Philip Roth. New Perspectives on an American Author* (Westport: Praeger, 2005), p. 38.

28 Daniel L. Medin, *Three Sons; Franz Kafka and the Fiction of J. M. Coetzee, Philip Roth, and W. G. Sebald* (Evanston: Northwestern Univ. Press, 2010); Daniel L. Medin, ‘Liebliche Lüge?: Philip Roth’s ‘Looking at Kafka.’’, *Comparative Literature Studies*, 44 (2007), 38-50; Sanford Pinsker, ‘Guilt as Comic Idea: Franz Kafka and the Postures of American-Jewish Writing’, *Journal of Modern Literature*, 6 (1977), 466-71; George J. Searles ‘Philip Roth’s ‘Kafka’: A ‘Jeu-ish American’ Fiction of the First Order.’, *Yiddish*, 4/4 (1982), 5-11; Theodore Weinberger, ‘Philip Roth, Franz Kafka, and Jewish Writing’, *Literature and Theology*, 7 (1993), 248-258.

wisdom of the male analysts and writers.<sup>29</sup> A key moment that draws attention to the relationship between Mann and Roth is Philip Roth's self-description in his 1974 essay 'Imagining Jews'. Here Roth describes himself as inclined to a 'puritanical' idea of literature as 'the domain of the truly virtuous world' establishing Mann's artist figure Gustav von Aschenbach in *Death in Venice* as a role model. In the tradition of Aschenbach he says he is striving to become an artist 'capable of moral resolution even after he has plumbed the depths of knowledge', quoting *Death in Venice*. But Roth also admits his literature had a different effect, having delivered with *Portnoy's Complaint* (1969) a narrative of 'moral remission and its confusions'.<sup>30</sup> Roth thus creates a line of literary tradition for himself in which Mann's protagonists feature as important, nevertheless, satirized figures; a relationship I shall explore in more depth over the course of this thesis.

The fact that Mann himself has been considered ambivalent in his view of the Jews makes this sense of tradition a delicate issue. In the Weimar Republic Mann's depictions of Jews often converged with racist stereotypes, but with his four-part novel *Joseph and His Brothers* (1930-1943) Mann created a powerful account of Jewish intellectual history, and when the Nazis took over he became one of the most important voices condemning anti-Semitism.<sup>31</sup> During and after World War II Mann had become 'the most respected representative of German literature' in America, as Sigrid Bauschinger points out. Reviews of his novels in *The New York Times*, *Time Magazine*, and *The New York Review of Books* shaped the literary tastes of 'a new educated public'.<sup>32</sup> Given this background, the fact that Philip Roth adopted Thomas Mann as a literary father figure complicates Roth's own status as a Jewish writer. On the one hand Roth, grandson of Eastern European Jewish immigrants, can be seen as provoking the Jewish community through his enthusiasm for an established German writer. But on the other hand, nineteenth-century German thought provided Roth with highly interesting ways to negotiate the artistic self, be it through Friedrich Nietzsche, Arthur Schopenhauer, Sigmund Freud or Thomas Mann. These points make it worthwhile to link Roth's body of work to Thomas Mann as literary father figure and to the nineteenth-century German tradition of thinking about illness and art.

In Roth's work questions of identity and the fragility of the artistic self come increasingly to be represented through physical disorder. Roth himself points out that by creating a literary tradition of writing illness Mann has made it possible 'to tell the story of a

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29 Hermione Lee, *Philip Roth* (London: Methuen, 1982), p. 77; John Updike called the scene 'an extensive Dionysian fantasy', in John Updike, 'Yahweh over Dionysus', *The New Yorker*, 7 November 1983, 174-181 (repr. in John Updike, *Odd Jobs. Essays and Criticism* (New York: Alfred A. Knopf, 1991), 366-380 (pp. 367-368).

30 Roth, 'Imagining Jews', p. 22.

31 Guy Stern, 'Thomas Mann und die jüdische Welt', in *Thomas-Mann-Handbuch*, ed. by Koopmann, 54-67 (p. 64).

32 Sigrid Bauschinger, 'The American Reception of Contemporary German Literature', in *The United States and Germany in the Era of the Cold War, 1945-1990: A Handbook*, ed. by Detlef Junker (Cambridge: Cambridge University Press, 2004), pp. 433-438.

man's life through his illness – through the physical threats to his life', and through irony.<sup>33</sup> And he has made reference to Mann throughout his writing career: Gustav von Aschenbach and Hans Castorp regularly appear in his novels. Philip Roth's interest in, according to Nadine Gordimer, 'the whole time and territory of the word', lets him resuscitate the 'descriptive amplitude' of nineteenth-century literature.<sup>34</sup> Debra Shostak holds that 'Roth challenges the ideologies of both realism and postmodernism precisely by his commitment to mimetic narratives that celebrate the discursiveness of identity'.<sup>35</sup> David Brauner further differentiates this point asserting that Roth 'manages to combine characteristics conventionally associated with postmodernist writing [...] with many of the attributes identified with realist fiction'.<sup>36</sup> By calling Roth 'the resistant realist', Ross Posnock makes plausible the ambiguous immersion of the author into 'the blizzard of details that constitute the confusion of human biography'.<sup>37</sup> Both authors address the formation of the artistic self and confront questions of epistemology in their early work. They are deeply concerned with what it means to be a son who does not obey the law of the father and breaks with the family tradition by becoming a writer. The two authors challenge this restricting 'Flaubertian' ideal in different yet comparable ways through the Dionysian element in their work. The disordered body becomes the central means in this endeavour. Indeed, one of the major themes of Roth's work is the vulnerability of the self which is closely tied to questions of the equilibrium between the Dionysian and the Apollonian principles that Mann connected to the body and founded his illness mythologies upon. Medical knowledge thus becomes the prerequisite to describe the world, as the analysis of Mann's novel *The Magic Mountain* will show. But by no means do these writers display a naïve appropriation of clinical knowledge and the body. Rather, the significance they attribute to medicine is grounded in Schopenhauer's paradoxical appreciation of the body as seat of 'pain and deficiency' and as 'the ground of our knowledge'.<sup>38</sup> Curiously, both Thomas Mann and Philip Roth perceive the disordered body as a means to get to know the self and simultaneously they emphasise that positivism cannot comfort metaphysical nakedness. They are sceptical of its promises and of the perception of disease as 'accidental' error within the 'manageable machine' that the body has become; satire plays an important role in both their reworkings of the

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33 Philip Roth in an interview with Volker Hage, *Der Spiegel*, 25 August 2006, <<http://www.spiegel.de/international/spiegel-interview-with-philip-roth-old-age-is-a-massacre-a-433607.html>> [accessed 13 July 2013].

34 Nadine Gordimer, 'Lust and Death', *The New York Times*, 7 May 2006, [http://www.nytimes.com/2006/05/07/books/review/07gord.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2006/05/07/books/review/07gord.html?pagewanted=all&_r=0) [accessed 15 October 2012].

35 Debra Shostak, *Philip Roth. Countertexts, Counterlives* (South Carolina: University of South Carolina Press, 2004), p. 18.

36 David Brauner, *Philip Roth, Contemporary American and Canadian Writers* (Manchester: Manchester University Press, 2007), p. 51.

37 Ross Posnock, *Philip Roth's Rude Truth. The Art of Immaturity* (Princeton: Princeton University Press, 2006), p. xiii.

38 Matthew Bell, *The German Tradition of Psychology in Literature and Thought 1700-1840* (Cambridge: Cambridge University Press, 2005), p. 210; Nussbaum, 'Nietzsche, Schopenhauer, Dionysus', pp. 349-350.

medical.<sup>39</sup>

This thesis aims to show that Philip Roth's literature can only be properly understood more fully if the Mannian perspective and the tradition of the case history is considered, and it will explain how Roth reads Mann. The new light I will shed on Mann's illness narratives will be essential for this endeavour as the illness mythologies distinguished provide a departing point for Roth's contemporary reading of Mann. Roth creates a variation of Mann's illness mythologies which oscillates between affirmation and subversion of this literary father figure. The Dionysian and the Apollonian aspects in Roth's work are based on Thomas Mann's conceptualisation of the artistic self torn between the Dionysian and the Apollonian principle represented by the disordered body. Through the medical case history Roth's illness discourse 'enter[s] into dialogue' with Mann.<sup>40</sup> I decipher the Mannian perspective on illness and show the ways in which Roth secretly commits himself to Mann in his work. Medical narratives such as the case history, both medical and psychoanalytic, and encyclopedia articles will reveal that these two authors share an ambiguous understanding of illness as the motor for art *and* as its obstacle.<sup>41</sup> It will become clear that Roth invokes Mann's mythologies of sickness in order to affirm his commitment to a particular vision of the novel and character that is essentially based on Mann's notion of reciprocity, synthesis, and ambiguity. I maintain that in considering Mann when reading Roth, the depictions of illness and bodies that seem dedicated to a realist manner in Roth become less so and instead incline more towards a fantastic dimension of illness. Simultaneous with his enthusiasm for Mann's conceptualisation of illness, however, Roth also undermines Mann and presents alternative visions of his illness mythologies: Roth's 'interpretation makes something emerge that [...] is not contained in the canon proper.'<sup>42</sup>

In this introductory part I will first turn to the issue of influence before considering the tradition of writing the body in disorder from the nineteenth century onwards. Based on Meegan Kennedy's illuminating historicising of the medical case history, I offer an introduction to the medical and the psychoanalytic case in order to make more tangible its role as a link between medicine and literature. I show how Mann creates cases and defines his philosophy of illness in his 1925 essay 'Goethe and Tolstoy'. As a last point, I give an overview of the state of Mann and Roth criticism in the light of illness narratives and of the chapters in this thesis.

In order to establish a firmer sense of the type of literary relationships I rely on in this thesis, I shall turn now to the terms 'dialogue' and 'allusion'. Roland Barthes famously argued

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39 William Albury, 'Ideas of Life and Death', in *Companion Encyclopedia of the History of Medicine*, ed. by Porter and Bynum, 2 vols (London: Routledge, 1993), I, 249-281 (pp. 266-268).

40 Roland Barthes, 'The Death of the Author',

<<http://www.ubu.com/aspen/aspen5and6/threeEssays.html#barthes>> [accessed 25 March 2013].

41 The framework of this thesis, however, does not allow the in-depth analysis of the relationship between Roth's actual experiences of illness and its reworking in fictional autobiography, a field which deserves further exploration.

42 Wolfgang Iser, *The Range of Interpretation* (New York: Columbia University Press, 2000), p. 184.

42 Gregory Machacek, 'Allusion', *Publications of the Modern Language Association of America*, 122/2 (2007), 522-536 (p. 27).

in his 1967 essay 'The Death of the Author' that 'a text consists of multiple writings, issuing from several cultures and entering into dialogue with each other' thus paving the way for synchronic textual analysis.<sup>43</sup> The notion of 'dialogue' established here is relevant for the position medical case histories inhabit in this thesis. In their role as cultural subtexts medical case histories produce a highly illuminating dialogue with literature. In the first two sections of this thesis I set out to explore Mann's satirizing conversation with the medical case history and his development of distinct mythologies of illness. I will thereby provide a new perspective on Mann as a writer of illness narratives, whereby physical illness in his work stands as a cipher of an evolving aesthetic position. By taking up medical discourse in his novels and using it as a central 'système de communication' assigning it 'une forme' through which he negotiates art, in the terms of Roland Barthes, Mann creates his own distinct medical mythologies.<sup>44</sup> The same assumptions underlie my analysis of Roth's appropriation of the medical case history in the second half of this thesis. In addition, my analysis relies on a notion of intertextuality which, as suggested by Gregory Machacek in 2007, encompasses the synchronic intertextuality established by Barthes, but also takes into account diachronic intertextuality. This broadened conception of intertextuality is evident in the concrete comparisons drawn between the work of the two writers.<sup>45</sup> On this basis I will consider Mann's appropriation of the medical as a crucial influence on Philip Roth in the second half of the thesis.

The notion of influence raises the question of how to approach Philip Roth's interpretation of Thomas Mann's illness mythologies. Philip Roth creates a variation of Mann's illness mythologies which resonates with Wolfgang Iser's notion that 'each interpretation [...] translates something into a different register' in an act of translation that is culturally mediated.<sup>46</sup> Out of Philip Roth's rich oeuvre I have selected the six writings that capture Roth's ideas about the disordered body most poignantly in my view, and which illustrate most strikingly his translation of Mann: *Novotny's Pain* (1962), *My Life as a Man* (1970), *The Anatomy Lesson* (1983), *Patrimony* (1999), *Everyman* (2007), and *Nemesis* (2010).<sup>47</sup> Intertextuality also touches upon questions of the relation between the authorial self and the 'other' with Iser noting that 'interpretation reveals the inherent problem of authority'.<sup>48</sup> This issue is crucial to Roth's work and to his reading of Thomas Mann; in his interpretation Roth

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43 Barthes, 'The Death of the Author'.

44 Roland Barthes, *Mythologies* (Paris: Editions du Seuil, 1957), p. 193. Barthes writes 'le mythe [...] c'est un mode de signification, c'est une forme'.

45 Machacek, p. 525.

46 Iser, p. 184;

Machacek, p. 534.

47 Philip Roth, 'Novotny's Pain', *The New Yorker*, 27 October 1962, 46-56 (repr. in *A Philip Roth Reader*, ed. by Martin Green (New York: Farrar, Strauss, Giroux, 1989), pp. 261-280;

Philip Roth, *My Life as a Man* (London: Vintage, 2005);

Philip Roth, *The Anatomy Lesson* (London: Vintage Books, 2005);

Philip Roth, *Patrimony* (London: Vintage, 1999); Philip Roth, *Everyman* (London: Vintage, 2007);

Philip Roth, *Nemesis* (London: Jonathan Cape, 2010).

48 Iser, p. 184.

both ‘divides and borrows from the authority’ of Mann’s illness narratives.<sup>49</sup> It will be shown that Roth uses Mann as a source of authority and affirms his own belonging to high modernism *and* to realism through him. Owing to the fact that Roth’s reworking of Mann’s perspective is very subtle, my analysis of Roth’s reading of Mann aims to illuminate what Iser called ‘hidden meanings’.<sup>50</sup> Through his playful approach towards authority Roth develops a ‘Derridean supplement’ to Mann’s medical cases. He reproduces Mann’s illness mythology in such a way as to render them, utterly different.<sup>51</sup> Derrida writes that ‘supplementary mediations’ produce ‘the sense of the very thing they defer’; they are inherently ambivalent texts, for they both add and replace the original.<sup>52</sup>

My analysis will clarify where similarities and differences in the conceptualisation of the illness myth between Thomas Mann and Philip Roth lie. By means of a methodology of close reading of their fictionalised case histories, I show that the two authors are not only connected in their central concern with illness, but that the way they employ medical source material also bears evidence to striking conceptual and aesthetic links. It will become clear that the alteration of Mann’s illness symbolism manifests itself in Roth’s writing at many different points and in different guises. Thus Philip Roth’s relation with nineteenth-century and early twentieth-century German thought will become tangible. In his dialogue with Thomas Mann by means of allusions, learned or indirect references and echoes, and phraseological adaptations Philip Roth assigns ‘contemporary significance’ to Thomas Mann and to his discourse on the medical.<sup>53</sup>

## **1.2 In the ‘borderland between art and science’: the medical case history**

In order to do justice to the interdisciplinary character of illness narratives, and the study thereof, a brief and by no means exhaustive analysis of the relationship between literature and medicine is necessary. Fundamental to the perceived interplay between medical and literary texts is the conviction that, as Kathryn Hunter notes, ‘medicine [...] is narratively organized’.<sup>54</sup> The medical case history is particularly well-suited to illustrating and helping untangle language-based interrelations between the two disciplines.

Research into the relevance of medical case histories for literature is a relatively recent development. The only contribution in the first half of the twentieth century on the topic of case writing as a genre was made by the Germanist Andre Jolles in 1930, who defined case writing as one of nine cultural forms on which literature is based. Jolles linked the rise of the novella to

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<sup>49</sup> Iser, p. 27.

<sup>50</sup> Ibid., p. 27.

<sup>51</sup> Jacques Derrida, *Of Grammatology*, trans. by Gayatri Chakravorty Spivak (Baltimore: Johns Hopkins University Press, 1976), p. 154.

<sup>52</sup> Ibid., p. 157.

<sup>53</sup> Machacek, p. 526;

ibid., p. 534.

<sup>54</sup> Kathryn Montgomery Hunter, *Doctors’ Stories. The Narrative Structure of Medical Knowledge* (Princeton: Princeton University Press, 1991), p. 51.



the case and defines the case as a fundamental cultural form which has the purpose to question received knowledge.<sup>55</sup> In his 1977 book *Discipline and Punish: The Birth of the Prison* Michel Foucault cast a mainly negative light on medical case histories when he described them as instantiations of pathology and instruments of taxation and repression through which the medical gaze makes each 'individual a case' ready to be 'corrected, classified normalized, excluded etc'.<sup>56</sup>

It was John Forrester's essay 'If p, then what? Thinking in cases' that brought about a reconsideration of medical case histories as sources of knowledge within current research.<sup>57</sup> Subsequently Laura Miller has described the case history as 'that unsung genre inhabiting the borderland between art and science'.<sup>58</sup> Elsewhere, case writing has been identified as a 'traveling genre', one that is required to produce 'both a fact and a story', reflect both disease and a person, and express both the disinterested scientist's gaze and the subjective response of the caring physician.<sup>59</sup> Furthermore, the duality of the case being 'a written object and the representation of an inhabited body' produces a contradictory mode of presentation.<sup>60</sup> As Meegan Kennedy argues in her illuminating study on the medical case history, medical case histories foreground an 'interested in medical and experimentalist questions', but they also draw on philosophy and historical writing constituting 'collation of genres' and they cannot be understood outside its involvement with 'literary discourse'.<sup>61</sup> Nicolas Pethes convincingly argues that the genre of the medical case history illustrates the insight that scientific and literary texts can no longer be thought of as wholly separate but deserve an analytic awareness of their links.<sup>62</sup> In the following I will look at these interconnections between the genres and trace the changes of the medical case history over time.

When considering the case history as a genre 'the historical heterogeneity of [its] form' becomes apparent.<sup>63</sup> In regards to form and structure, the clinical, stripped language reigning in medical writing today may seem to have little in common with literature. Drew Leder describes the modern perception of the body as that of an 'animated corpse' – a machine which can be

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55 André Jolles, *Einfache Formen. Legende, Sage, Mythe, Rätsel, Spruch, Kasus, Memorabile, Märchen, Witz* (Halle: Forschungsinstitut für Neuere Philologie, 1930).

56 Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. by Alan Sheridan (London: Allen Lane, 1977), p. 191.

57 John Forrester, 'If p, then what? Thinking in Cases', *History of the Human Science*, 9/3 (1996), 1-25.

58 Laura Miller, 'Scheherazade in the Consulting Room', *The Connecticut Forum*, 15 June 2003, <<http://www.ctforum.org/content/scheherazade-consulting-room>> [accessed 6 March 2011].

59 *How Well do Facts Travel?*, ed by Peter Howlett and Mary Morgan (Cambridge: Cambridge University Press, 2010), quoted in Hurwitz, 'Clinical Cases and Case Reports: Boundaries and Porosities', p. 55;

Kennedy, *A Curious Literature*, p. 9.

60 Julia Epstein, *Altered Conditions: Disease, Medicine, and Storytelling* (New York: Routledge, 1995), pp. 34-35.

61 Kennedy, *A Curious Literature*, p. 2;

Jason Daniel Tougaw, *Strange Cases. The Medical Case History and the British Novel* (New York: Routledge, 2006).

62 Pethes, 'Epistemische Schreibweisen', p. 4.

63 Kennedy, *Revising the Clinic*, p. 199.

actively manipulated.<sup>64</sup> Becoming a patient means undergoing reification and depersonalisation, through the clinical interpretation of illness the person takes on a 'metonymic existence'.<sup>65</sup> Arthur Frank has suggested that modernist medicine regards suffering as a 'puzzle to be controlled'.<sup>66</sup> This notion is also mirrored in the structure of modern medical case histories where mortality is often deconstructed and the fear of death exorcised through segmentation.<sup>67</sup> The 'language of survival is concerned with the practicalities of survival and avoids the metaphysical concern in its finality', writes Zygmunt Baumann, as the 'unmanageable problem of death' is now subject to control.<sup>68</sup> There is only a dying of a certain disease and death thus becomes avoidable.<sup>69</sup> With the emergence of the anatomo-clinical-method death was suddenly exposed 'to the brightness of the gaze' into the now accessible space of the human body and the contingency of the body remedied by an outer agency promising cure and the possibility of control through technology.<sup>70</sup> As a consequence, today the doctor's 'positive gaze' meets the sick body with 'neutralized knowledge' which the stripped, mechanistic, seemingly objective tone within medical writing reflects.<sup>71</sup> Modern medical case histories thus point to the tension inherent in language claiming objectivity when faced with subjective suffering. As Daniel Tougaw has pointed out, 'the process of presenting characters and patients through the lenses of diagnostic judgment' elicits 'the paradox of identification': 'objectification and recognition' or 'dis-identification and identification'.<sup>72</sup>

The nexus between literature and the medical case history emerges more clearly if one goes back in the history of the genre. In his illuminating essay 'Bodies, Death, and the Humanitarian Narrative' Thomas W. Laqueur points out that the novel and the medical case narrative as we know it today, 'are all children of the empiricist revolution of the seventeenth century' speaking 'in detailed fashion about the pains and deaths of ordinary people'.<sup>73</sup> Gianna Pomata convincingly identifies the *Observationes*, collections of case histories that emerged in Renaissance humanistic medicine, as a departing point for a 'new focus on the descriptive focus

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64 Drew Leder, 'A Tale of Two Bodies: The Cartesian Corpse and the Lived Body', in *The Body in Medical Thought and Practice*, ed. by Drew Leder, Philosophy and Medicine, 43 (Dordrecht: Kluwer Academic Publishers), 17-36 (p. 20).

65 Hunter, pp. 134-135.

66 Frank, *The Wounded Storyteller*, p. 146.

67 Ibid., p. 84.

68 Zygmunt Baumann, *Mortality, Immortality and Other Life Strategies* (Cambridge: Polity Press, 1992), p. 130.

69 Ibid., p. 138.

70 Michel Foucault, *The Birth of the Clinic. An Archaeology of Medical Perception*, trans. by Alan Sheridan (London: Routledge, 1989), p. 195.

71 Ibid., p. xi.

72 Tougaw, pp. 10-11.

73 Thomas W. Laqueur, 'Bodies, Details, and the Humanitarian Narrative', in *The New Cultural History*, ed. by Lynn Hunt (Berkeley: University of California Press, 1989), 176-204 (p. 177); references to this work will be referred to as 'Laqueur' in the following. Nevertheless, it should also be mentioned that Laqueur also showed that biological categories are 'situational' and the interpretation of biological data in the nineteenth century he reveals as 'contextual' in his study *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass.: Harvard University Press, 1990).

of disease'.<sup>74</sup> They represent, Pomata argues, 'the attempt to create a shared medical thesaurus of medical experience' in early modern Europe which brought a shift toward Hippocratism and implied 'a stronger emphasis on observation'.<sup>75</sup>

Laqueur further argues that the novel, as 'the most self-conscious' of the newly developed narrative styles, shares its technique and its assumptions about agency with the medical case and the autopsy report.<sup>76</sup> Geoffrey Sill takes further this assumption in his book *The Cure of the Passions and the Origins of the English Novel*, asserting that the rise of the novel occurred parallel with 'events in philosophy, science, and religion'. He claims that the eighteenth century doctor and the novelist shared 'the anatomist's gaze'; whilst the anatomist 'drew back skin', the novelist, too, 'looked beneath the visible signs of character for the invisible, immaterial'.<sup>77</sup> As in the novel, 'context production' lies at the very heart of the diagnostic process and the medical case history produces a narrative around symptoms, signs and findings.<sup>78</sup> According to Sill the novel was 'a cultural by-product' of the natural historian's explorations who looked at the 'case history of mankind for the origins of disease'.<sup>79</sup>

The medical case history as we know it, thus emerged, Julia Epstein suggests, in the eighteenth century as a combination of 'the patient's narrative and visual observation'.<sup>80</sup> The body had become, according to Laqueur, 'the common ground of humanitarian sensibility' and a corporeal canvas on which to 'explicate the history of [...] suffering'.<sup>81</sup> The case history was now less inclined to spiritual notions which had dominated early medical case narrative. Michel Foucault has pointed out that in the eighteenth century the doctor turned into 'the great advisor and expert' in the art of 'observing, correcting and improving the social body'.<sup>82</sup> In addition to the shared humanitarian conscience of literature and medicine, the two discourses were also connected in their fascination with 'the curious' which constituted a decisive former element of both'. The curious element pointed to the limits of medical knowledge in the case history and sought to convey the narrator's individual interests, implying, as Megan Kennedy convincingly argues, a subjectivity grounded in the romantic tradition of fantasy, the strange, sexualized voyeurism, and dramatic spectacle.<sup>83</sup>

According to Oliver Sacks the mutual inspiration of medicine and literature reached a climax during the nineteenth century and declined 'with the advent of impersonal neurological

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74 Pomata, p. 231.

75 Ibid., p. 224 and p. 217.

76 Laqueur, p. 181.

77 Geoffrey Sill, *The Cure of the Passions and the Rise of the English Novel* (Cambridge: Cambridge University Press, 2001), pp. 9-10.

78 Epstein, *Altered Conditions*, p. 37.

79 Sill, p. 10.

80 Julia Epstein, 'Historiography, Diagnosis and Poetics', *Literature and Medicine*, 11/1 (1992), 23-44 (p. 24).

81 Laqueur, p. 182.

82 Michel Foucault, *Power/Knowledge. Selected Interviews and Other Writings 1972-1977*, ed. and trans. by Colin Gordon (New York: Pantheon Books, 1972), p. 177.

83 Kennedy, *A Curious Literature*, p. 79 and p. 116.

science'.<sup>84</sup> This assumption deserves, however, further differentiation. The nineteenth century saw the rise of two grand narratives, literary realism and medical empiricism.<sup>85</sup> On the one hand, the rise of medical empiricism reflected a tendency to objectify knowledge that had become widespread within medical circles.<sup>86</sup> In constructing patients as curiosities, the curious case history merely served to objectify the individual.<sup>87</sup> During the nineteenth century a style became popular which suggested scientific objectivity and embraced 'figural technology' as a new 'magical' element of the case study and a means of scientifically mediating the curious.<sup>88</sup> Case reports now adopted 'less personal and conversational tones'.<sup>89</sup> Gradually a codified, segmented standard order of the medical narration of illness emerged, one that sought to make 'normative social units' of the individual.<sup>90</sup> This was accompanied by the growing doubt about 'the reliability of the patient testimony', as the patient was perceived as weak.<sup>91</sup> Illness was no longer seen as punishment from God for moral failure but, as Schopenhauer insisted, the product of a sick will and would later be attributed to the character of repressed desires.<sup>92</sup> Both distancing strategies and a return to the Hippocratic factual style of the case report based on vision are noticeable at the outset of the twentieth century.<sup>93</sup> The case narrative attained 'staccato form' and the notion of the mindless body was adopted in the written case histories. As Foucault has pointed out, the object was separated from medical language.<sup>94</sup> However, Meegan Kennedy argues convincingly that, even in the effort to stick to a realist mechanism, the case history shares an 'aesthetic of the text as a mirror of reality', a notion deeply embedded in the literary discourse at the time.<sup>95</sup>

These 'twin epistemic agendas' of literary realism and medical empiricism mentioned above also offered new ways to explore 'selfhood' foregrounding health and pathology as governing principles of human self-understanding, as Jason Tougaw observes.<sup>96</sup> The discourse on the relation between body and mind had already intensified with the rise of the 'mentalist trend' between 1800 and 1850.<sup>97</sup> Eventually, around 1900, the growing medical interest in the nerves led to a blending of discourses. Psychology was now incorporated into medical discourse and allocated the examination of the nerves. The *Körper/Geist* dichotomy stood challenged

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84 Oliver Sacks, *The Man who Mistook his Wife for a Hat* (New York: Touchstone, 1970), p. viii.

85 Tougaw, p. 16.

86 Kennedy, *A Curious Literature*, p. 4.

87 Tougaw, p. 37.

88 Kennedy, *A Curious Literature*, p. 216.

89 Brian Hurwitz, 'Form and Representation in Clinical Case Reports', *Literature and Medicine*, 25/2 (2006), 216-240 (p. 228.)

90 Berlant, p. 664.

91 Hurwitz, 'Form and Representation in Clinical Case Reports', p. 229.

92 Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1970), p. 43.

93 Hurwitz, 'Form and Representation in Clinical Case Reports', p. 233.

94 Foucault, *The Birth of the Clinic*, p. xi.

95 Kennedy, *A Curious Literature*, pp. 140-141.

96 Ibid., p. 21.

97 During the first half of the eighteenth century instead of the soul the influence of the mind over bodily processes moved to the centre of attention within medical circles. Neil Vickers, *Coleridge and the Doctors, 1795-1806* (Oxford: Clarendon Press, 2004), p. 64.

within medical discourse and new narratives were sought. Schopenhauer's 'biologicistic psychology' came to prominence.<sup>98</sup> I will outline Schopenhauer's concept of the will further in Section Two. His conceptualisation of the will was rediscovered within psychological discourse as 'the unconscious' by Eduard von Hartmann in his *Philosophy of the Unconscious* (1869).<sup>99</sup>

By the end of the nineteenth century the medical case history had become the space where 'mediations between the individual and the general' were negotiated. As novelists applied medical language to define the 'relation of self to body as a medical one' the case became the prototype of the medical narrative.<sup>100</sup> The early realists used illness either as a 'fundamental ontological predicament or as a punctual sign of innate moral inadequacy' and displayed a 'belief in the possibility of documentation'.<sup>101</sup> However, they did not adopt a distinct medical view that sought to illuminate the embodied self through illness, as does Thomas Mann in his fiction. With its noticeable expansion medical discourse found access into common cultural discourse, a phenomenon most famously described in Friedrich Nietzsche's essay 'Der Fall Wagner' (1888) and Max Nordau's highly polemic cultural case history *Entartung* (1892).<sup>102</sup> These works stand as early examples for the interest society took in dramatizing 'the relationships between pathology and identity' and will be discussed in more depth in Section Two of this thesis.<sup>103</sup> By the late 1880s the patient was perceived as a holistic entity and, on this basis, it was possible for intellectual degeneration to be attributed to the physical, and for symptomatology to be developed into characters.

The medical case narrative thus inhabited a paradoxical position at the *Fin de Siècle*: the greater psychological depth of the medical case history and simultaneously its stripped language.<sup>104</sup> Hence the consideration of the case history has at its disposal the ability 'to give readers the experience of mixing categories of thought and feeling that the nineteenth-century zeal for classification had made to appear incongruous'.<sup>105</sup> It can be said that the *Fin de Siècle* signified a shift towards the complex investigation of character with the psychoanalytic case history as its most well-known example.

For a long time it has been the Freudian case history that has attracted all the interest devoted to case history research, as Nicolas Pethes has pointed out. Today, however, it is

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98 Bell, *The German Tradition of Psychology in Literature and Thought*, p. 227.

99 Ibid., p. 209.

The notion of the unconscious was later taken up by Freud whose case histories would prove yet another challenge to the established genre boundaries and the accepted notion of the objective voice of the clinician as outlined later in this section.

100 Kennedy, *A Curious Literature*, p. 6;

Lawrence Rothfield, *Vital Signs. Medical Realism in Nineteenth-Century Fiction* (Princeton, NJ: Princeton University Press, 1992). Rothfield claims that medicine offered the nineteenth-century novelist 'an ideology of professional exactitude' which they could instrumentalise for their own image as 'self-sufficient professionals', p. xiv.

101 Tougaw, pp. 4-6.

102 Horst Thomé, *Autonomes Ich und 'Inneres Ausland'. Studien über Realismus und Psychiatrie in deutschen Erzähltexten 1848-1914* (Tübingen: Max Niemeyer Verlag, 1993), p. 179.

103 Tougaw, p. 3.

104 Thomé, p. 179.

105 Tougaw, p. 2.

acknowledged that the medical case history is the genre that Freudian case narratives emerged out of.<sup>106</sup> Whilst this thesis focuses predominantly on the medical case history, it also takes into account the role of the psychoanalytic case history in the works of Thomas Mann and Philip Roth. Indeed, as the Freudian case history represents a frequently contested attempt to combine literary and scientific ways of writing the case at the end of the nineteenth century, its significance cannot be ignored.

Harold Bloom suggests that Freud's 'central ideas - the drives, the defences, the psychic agencies, the dynamic unconscious - all are frontier concepts, making ghostlier the demarcation between mind and body', rather than providing strictly scientific categories for the body mind relationship.<sup>107</sup> Freud stood in a distinctly scientific German tradition of thought relevant to Thomas Mann's illness symbolism, as his psychoanalytic case histories paved the way for writing across the disciplines.<sup>108</sup> German psychology under the influence of Karl Philip Moritz (1756-1793) brought about a 'new and profoundly creative way of writing about illness' as Neil Vickers suggests.<sup>109</sup> Meanwhile Matthew Bell distinguishes between empiricist and idealist psychology and comes to the conclusion that within modern academic psychology the idealist model was only taken up further by Freud and Jung and otherwise pushed aside by an empirical approach to psychology.<sup>110</sup> Prior to the theorization of psychology, psychological phenomena had been perceived as 'adjuncts to the treatment of physical illness': almost every use of the word 'psychology' in the *OED* before 1800 is medical.<sup>111</sup> Therefore it is not surprising that throughout his career Freud repeatedly made a case for the scientific value of his findings. As a Brücke pupil Freud's 'thinking in cases' sought to maintain scientific authority, but at the same time it introduced a 'metaphorical reading of symptoms' which ran against all norms of the clinical realist manner and empirical psychology by connecting symptoms and biography.<sup>112</sup> Instead of focusing on visible symptoms, 'eyehood', in a Hippocratic tradition, Freud looked at the 'I' and sought to read bodily symptoms as metaphors.<sup>113</sup> Freud's early work 'Fragments of an Analysis of a Case of Hysteria', was already fundamentally distinct from the scientific

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106 Pethes, 'Epistemische Schreibweisen', p. 2.

107 Harold Bloom, *Sigmund Freud* (New York: Chelsea House Publishing, 1985), p. 5.

108 At the time science in Germany was deeply influenced by the Helmholtz School and its principles of causality and determination, which were to play an important role for Freud as he was a Brücke pupil when training as a doctor. Ernest Jones, *The Life and Work of Sigmund Freud, The Life and Work of Sigmund Freud*, ed. and abridged by Lionel Trilling and Steven Marcus (London: Hogarth Press, 1961), p. 218.

109 Neil Vickers, 'Coleridge, Moritz and the 'Psychological' Case History', *Romanticism*, 13/3 (2007), 271-280 (p. 271). Karl Philip Moritz played a central role in establishing the 'study of mental experience' drawing on the relation between childhood experience and psychic life in his case studies, he saw himself as 'enlarging the medical field' by integrating 'a new kind of data'.

110 *The German Tradition of Psychology in Literature and Thought*, p. 228.

111 Vickers, 'Coleridge, Moritz and the 'Psychological' Case History', pp. 274-275.

112 Forrester, p. 4;

Kennedy, *A Curious Literature*, p. 220.

113 Hurwitz, 'Form and Representation in Clinical Case Reports', p. 218. The author quotes the term 'eyehood' from Oliver Sacks, 'Clinical Tales', *Literature and Medicine*, 5 (1986), 16-23.

discourse of the time.<sup>114</sup> Even though Freud's narrative is dominated by positivist assumptions, Freud admits that he is not able to deliver synthesis in for example, Dora's case, and calls his case writing 'Bruchstücke' [fragments], a term which displays the 'emphasis on error' typical for canonical psychoanalytic case histories.<sup>115</sup> Psychoanalytic treatment therefore contradicts a notion central to scientific discourse: the independence, through objectivity, of the scientific utterance from the subject of observation.<sup>116</sup> Rather, in psychoanalysis, the narrative voice becomes comparable to the unreliable narrator of the modern novel; it points to the limits of the narrator's own understanding, and rather than trying to create the impression of objectivity, invites alternative interpretations.<sup>117</sup> Yet, as John Forrester holds, there remains a strong 'normative drive in psychoanalysis' to prove that the Oedipus story prevails. Despite pointing to its own limits, the psychoanalytic case history thus sustains 'the promise of the entirely revealed life'. In telling this life it relies heavily on the curious mode.<sup>118</sup> With his analysis of hysteria, for example, Freud took up a phenomenon that fascinated his contemporaries and created 'existential drama'.<sup>119</sup> He restored the tradition of the curious discourse by exposing his patients to public interest and presenting the patient as a spectacle.<sup>120</sup> The voyeuristic strategies of the eighteenth century are mediated, emphasising a more 'aural investigation' curiosity is by no means abandoned, however, but much rather sexualized.<sup>121</sup> Indeed, Freud's use of the curious revived the old euphemism of the curious as 'sexual'.<sup>122</sup>

I consider Freud as a writer who turned the clinical case narrative into a source for rich literary imaginations of the patient experience. As Michel de Certeau suggested, 'psychoanalytic conversion is a conversion to literature' where the French neurologist and pathologist Jean-Martin Charcot's (1825-1893) 'tableau', in which he noted patient details, has

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114 Jones, p. 254.

115 Sigmund Freud, 'Bruchstücke einer Hysterieanalyse', in *Gesammelte Werke in achtzehn Bänden mit einem Nachtragsband*, ed. by Anna Freud and others, 4th edn, 19 vols (Frankfurt a. M.: Fischer Verlag, 1969), V: Werke aus den Jahren 1904-1905, 163-315 (p. 169); translation: Sigmund Freud, 'Fragments of an Analysis of a Case of Hysteria', in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. and trans. by James Strachey and others (London: Hogarth Press and the Institute of Psycho-analysis, 1953-1957; repr. London: Hogarth Press and the Institute of Psycho-analysis, 1995), VII: A Case of Hysteria, Three Essays on Sexuality and Other Works, 3-112 (p. 7);

Neil Vickers, 'Canonicity and the Psychoanalytic Case History: the Case of Anna O.' in *The Case and the Canon. Anomalies, Discontinuities, Metaphors Between Science and Literature*, ed. by Calanchi and others, 103-112 (p. 109).

116 Michel de Certeau, *Heterologies. Discourse on the Other, Theory and History of Literature*, trans. by Brian Massumi, Theory and History of Literature, 17 (University of Minnesota Press: Minneapolis, 1986), p. 26.

117 Steven Marcus, 'Freud and Dora', in *In Dora's Case. Freud, Hysteria, Feminism*, ed. by Charles Bernheimer and Claire Kahane (New York: Columbia University Press, 1985), p. 66.

118 Forrester, p. 10.

119 Hurwitz, 'Form and Representation in Clinical Case Reports', p. 221.

120 Ibid., p. 226.

121 Kennedy, *A Curious Literature*, p. 265.

122 The OED lists pornographic writings as 'curious and uncommon books' [http://0-www.oed.com.catalogue.urls.lon.ac.uk/view/Entry/46040?rskey=k1tIRK&result=1&isAdvanced=false#e\\_id](http://0-www.oed.com.catalogue.urls.lon.ac.uk/view/Entry/46040?rskey=k1tIRK&result=1&isAdvanced=false#e_id) [accessed 9 April 13];

Kennedy, *A Curious Literature*, p. 271.

been transformed into a novel.<sup>123</sup> The outcome can best be described as a ‘Derridean supplement’ that replaces and adds. Now the physician indeed takes on the role of the literary critic who, laden with theory and hypotheses, reads the patient as a text.<sup>124</sup> The consideration of psychology and Freudian case histories demonstrate particularly clearly how the medical case history, the hybrid genre, wandered the borderland between science, philosophy and literature at the beginning of the twentieth century.

Within the critical discourse on art and artifice, the relationship between psychoanalysis and writing has been fruitful but always ambiguous. In a panel discussion held in June 2009 by English PEN, the author Andrew O’Hagan spoke of ‘inspired ignorance’ as a core element of artistic creativity. His comment corresponds to Friedrich Schiller’s much earlier dictum: ‘das Bewusstlose mit dem Besonnenen vereinigt macht den poetischen Künstler aus’ [a combination of the unconscious and the reflective make the poetic artist’].<sup>125</sup> Both artists point to the ambiguous role psychoanalytic practice can represent for writers as it seeks to identify the unconscious areas of the self in order to eliminate ‘ignorance’ and provide cure. As Ritchie Robertson convincingly argues, in *Totem and Taboo* (1913) Freud is ‘tracing all human institutions back to a primal act of parricide by means of the Oedipus complex’. Hence art is turned into a product of ‘primitive fantasies’ which are repressed in the civilized unconscious.<sup>126</sup> Within Freud’s writing works of art are, then, seen chiefly as the products of sublimation.<sup>127</sup> Freud felt uneasy as soon as the mind turned away from the body; notions of abstraction such as beauty are thus reduced to something physical.<sup>128</sup> However, his ideas also opened up the possibility of ‘transformational dialogue’ in literature, which is inherently self-referential as it is based mainly on transference and counter-transference.<sup>129</sup> Freudian discourse had a liberating function, as it suggested that every utterance could stand for its opposite; fantasy and fact intertwine. Ritchie Robertson holds that in regards to psychoanalysis Mann absorbed ‘those aspects of psychoanalysis that interested him by assimilating them to the thought of Schopenhauer and Nietzsche’.<sup>130</sup> I will discuss more recent developments in the realm of creativity and psychoanalysis relevant to Philip Roth’s work in Part Four of this thesis.<sup>131</sup>

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123 De Certeau, pp. 19-20.

124 Hunter, p. 8.

125 Schiller in a letter to Goethe, 27 March 1801, in *Der Briefwechsel zwischen Schiller und Goethe*, ed. by Emil Staiger (Frankfurt a. M.: Insel Verlag, 1966), pp. 908-909.

126 Robertson, ‘Primitivism and Psychology’, p. 86.

127 Anthony Storr, ‘Psychoanalysis and Creativity’, in *Freud and the Humanities*, ed. by Peregrine Horden (Duckworth: London, 1985), 38-57 (p. 42).

128 Storr, p. 48.

129 Roy Schafer, ‘Reading Freud’s Legacy’, in *Telling Facts: History and Narration in Psychoanalysis*, ed. by Joseph Smith and Humphrey Morris, Psychiatry and the Humanities, 13 (Baltimore: The Johns Hopkins University Press, 1992), 1-20 (p. 11).

130 Manfred Dierks, *Studien zu Mythos und Psychologie bei Thomas Mann: an seinem Nachlaß orientierte Untersuchungen zum ‘Tod in Venedig’, zum ‘Zauberberg’, und zur ‘Joseph’-Tetralogie* (Bern: Francke, 1972), p. 128; Robertson, ‘Primitivism and Psychology’, p. 90.

131 The British School, for example, later took issue with Freud’s ‘pathographic approach’ to art.

Through scholars like Melanie Klein (1882-1960), Wilfred Bion (1897-1979), and Donald Winnicott (1896-1971) creativity came to be seen more as a capability to ‘tolerate frustration without seeking for a



Meanwhile, it is precisely the instability in connection with epistemology, conveyed by the case narrative – both psychoanalytic and medical –, which makes it such a fruitful source for authors of literature to draw on. As Julia Epstein points out ‘the ambiguity of its generic makings’ render the case history unstable as a genre and allows for a playful approach on the part of literary authors.

### 1.3 ‘Goethe and Tolstoy’ – Thomas Mann’s thoughts on illness and art

Thomas Mann’s relation to the case history is complex. He has summed up his ‘Philosophie der Krankheit’ [philosophy of illness] in the 1921 speech ‘Goethe and Tolstoy’ (first printed as an essay in 1925) which I want to take a close look at in this section and point out the ways in which the notions of the *sentimentalisch* and abjection become interlinked.<sup>132</sup> With ‘Goethe and Tolstoy’ Mann took up the discourse on the case and developed four important case narratives: Goethe, Tolstoy, Schiller, and Dostoyevsky. Through consideration of these writers Mann demonstrated his thinking about the link between the body in disorder and art. At the core of Mann’s argument lies the assumption that illness plays a significant role for art.

In Mann’s essay the two geniuses, Dostoevsky and Schiller, are established as chronically ill characters. Mann refers to Dostoevsky as being ‘epileptisch’ [epileptic] and to Schiller as being ‘schwindsüchtig’ [tubercular].<sup>133</sup> He then sets out to create a close connection between medical biography and art. The disordered body, as well as indicating a need for mysticism, now turns into the site where the artist negotiates creativity and the self. It moves away from being a metaphor and becomes a precondition and requisite for artistic identity. Thomas Mann uses the case histories of these two artists representing ‘sentimentalische’ geniuses to illustrate how, after the loss of unity with nature, art can never arise from an unproblematic process.<sup>134</sup> In his use of the word *sentimentalisch* Mann, once more, as in the notes for his unfinished essay ‘Geist und Kunst’, relies on Friedrich Schiller’s notion of artistic creation as *sentimentalisch* or *naiv* as established in his essay ‘Über naive und sentimentalische Dichtung’.<sup>135</sup> For Schiller nature functions as the limit to the *naiv* mind, whilst the

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substitute for thought’ than a means for sublimation. Nicola Glover, *Psychoanalytic Aesthetics. An Introduction to the British School* (London: Karnac, 2009), p. xv.

<sup>132</sup> Thomas Mann, ‘Goethe und Tolstoi’, in *Gesammelte Werke*, ed. by Mendelsohn and Bürgin, 2nd edn, IX: Reden und Aufsätze, 58-173 (p. 79).

<sup>133</sup> Thomas Mann, ‘Goethe und Tolstoi’, IX, p. 79.

<sup>134</sup> Thomas Mann, ‘Goethe und Tolstoi’, IX, p. 81.

<sup>135</sup> Schonfield, p. 15;

The first part regarding ‘naive Dichtung’ Schiller started writing in September 1794 followed by the second part concerned with ‘sentimentalische Dichtung’ written in November 1795. Friedrich Schiller, ‘Über naive und sentimentalische Dichtung’, in *Schillers Werke. Nationalausgabe*, ed. by Lieslotte Blumenthal and Benno von Wiese, 43 vols (Weimar: Hermann Böhlaus Nachfolger, 1962), XX: Philosophische Schiften. Erster Teil, ed. by Benno von Wiese and Helmut Koopman, 413-503; translation: *Friedrich Schiller. Essays*, ed. by Walter Hinderer and trans. by Daniel Dahlstrom, The German Library, 17 (New York: Continuum, 1993), 179-260; the essay originates in Schiller’s famous birthday letter to Goethe dating from the 23rd of August 1794. Here Schiller had already developed the antithetical principle of the ‘speculative Geist’ [speculative mind], as he describes himself, versus the ‘intuitive Geist’ which he perceives as constitutive for Goethe’s work and personality. He delivers an

*sentimentalisch* mind imagines the infinite. Later in his essay Schiller admits that the aim the *naiv* poet sets himself might be limited, as it is based on reality and experience only, it renders him dependant upon the objects of experience. He dismantles the perception of the *naiv* poet as an independent phenomenon, instead identifying this figure as a projection of health and unity made, nature and experience by a *sentimentalisch* mind. Schiller maintains that only the *sentimentalisch* gaze of modern man makes the *naiv* appear *naiv*, and that modern man inevitably carries seeds of both, the *naiv* and the *sentimentalisch* poet, within himself. Crucial is the assumption that the *sentimentalisch* genius is able to

einen mangelhaften Gegenstand aus sich selbst heraus zu ergänzen und sich durch eigene Macht aus seinem begrenzten Zustand in einen Zustand der Freiheit [das Ideal] zu versetzen.

[rendering complete some defective subject matter, taken from himself, and by his own might transport himself from a limited condition to a condition of freedom.] <sup>136</sup>

Schiller displays the early romantic striving for the recreation of the wholeness of the ancient world; he seemingly solves the problem of the fall by bringing in the concept of the 'Ideal' [ideal], leading the dichotomy of good and evil into a tripartite synthesis.<sup>137</sup> Thomas Mann accordingly asserts in 'Goethe and Tolstoy' that the *naiv* and the *sentimentalisch* genius are 'identische' [identical] parts of a whole.<sup>138</sup> Mann identifies sickness and the longing for the infinite with the *sentimentalisch* state; health and unity he links with the *naiv* mind. Not unlike Schiller, Mann displays a cautious and ambivalent attitude towards the *sentimentalisch* poet. Nevertheless, Mann, too, grants the *sentimentalisch* element greater authority than the *naiv* but he emphasizes a shift towards degeneration.<sup>139</sup> Mann's 'Menschheitspatriotismus' [humanism] stems from 'der Erkenntnis dieser seiner fast hoffnungslos schwierigen Situation' [the understanding of (man's) almost hopelessly difficult situation].<sup>140</sup> In 'Goethe and Tolstoy', Mann defines a central point of his work: the balance of opposites achieved in a process of struggle. He writes of how

Worauf es ankommt, ist aber, daß nichts zu leicht falle. Mühelose Natur, das ist Roheit.

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analysis of Goethe's mode of working, characterising it as incorporating 'die Allheit der Erscheinungsarten' [the allness of the manifestations]. This form of authorship he will later, in his essay 'Über naive und sentimentalische Dichtung', call *naiv* in opposite to *sentimentalisch*. Friedrich Schiller in a letter to Goethe, 23 August 1794, in *Schillers Werke. Nationalausgabe*, ed. by Julius Petersen and Hermann Schneider (Weimar: Hermann Böhlaus Nachfolger, 1958), XXVII: Briefwechsel. Schillers Briefe 1794-1795, ed. by Günter Schulz, 24-27 (p. 25).

136 Friedrich Schiller, 'Über naive und sentimentalische Dichtung', p. 477; Dahlstrom, p. 235.

137 Frederick Beiser, *The Romantic Imperative. The Concept of Early German Romanticism* (Cambridge, Mass.: Harvard University Press, 2003), p. 12.

138 Thomas Mann, 'Goethe und Tolstoi', IX, p. 81.

139 Mann then goes on to define man as predominantly 'romantisch' [romantic] in reference to Goethe's translation of *sentimentalisch* and *naiv*. Ibid., p. 81.

140 Ibid., p. 81.

Müheloser Geist ist Wurzel- und Wesenlosigkeit. Eine hohe Begegnung von Geist und Natur auf ihrem sehnsuchtsvollen Weg zueinander: Das ist der Mensch.

[What matters is that nothing should come too easily. Effortless nature is an affront, effortless mind is root- and essencelessness. A high encounter of mind and nature in their longing for each other: this is what makes us human beings]<sup>141</sup>

Life requires effort, Mann points out here. Illness takes a central position in this. Mann perceives illness as giving the opportunity to work through difficulty, and in this as a mode of emancipation from nature. He demonstrates his valorisation for the *sentimentalisch* world-view, relating the torn and symptom-laden bodies of the writers Schiller and Dostoyevsky to this process of overcoming nature through suffering: 'Adel' [nobility] is granted not by nature but by 'Emanzipation von der Natur' [emancipation from nature].<sup>142</sup> This process of enhancing artistic interiority Mann closely ties to illness which I will call the achievement of a *sentimentalisch* consciousness. The idea of working through difficulty bears certain resemblances to the idea of abjection coined by Julia Kristeva in *Powers of Horror* (1982). The abject is something that cannot be spoken of and integrated. It is an insult to narcissism and represents the uncanny that is ultimately destructive of identity if not confronted and lived through.<sup>143</sup> The Oedipal crisis that occurs with the realisation of separateness in the child temporarily results in a sense of abjection which has to be processed. Within Mann's thinking falling ill thus means in a first instance the immersion in nature, whilst also granting the possibility of emancipation from nature through this experience of immersion. This stance hints at the valorisation of defect as the sign of a successful process of emancipation.<sup>144</sup> In thus anticipating the notion of the abject, Mann suggests that only by working through abjection and illness can the *sentimentalisch* perspective develop, which is particularly relevant to my analysis. Mann applies the concept of nature to the manifestation of the body in order to make a statement on the role of art in celebrating emancipation from nature but also in order to highlight the loss inherent in the *sentimentalisch* insight - that the world is an illusion and 'Geist' [mind] is defective.<sup>145</sup> By placing the *sentimentalisch* and *naiv* principles in the bodies of four artists, he creates a distinctly physical basis for his understanding of the terms.

The in-depth analysis of *Buddenbrooks*, *Death in Venice*, and *The Magic Mountain* will show the ways in which Mann anticipates and plays with ideas on illness established in 'Goethe and Tolstoy' in his search 'for a model of civilization strong enough to contain (in every sense) its antithesis'.<sup>146</sup> The analysis will focus on how Mann connects Schiller's notion of *sentimentalisch* and *naiv* to his own understanding of *sentimentalisch* consciousness and the

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141 Ibid., p. 138.

142 Ibid., p. 79.

143 Julia Kristeva, *Powers of Horror. An Essay on Abjection*, trans. by Leon S. Roudiez (New York: Columbia University Press, 1982), p. 4.

144 Dierks, *Studien zu Mythos und Psychologie*, p. 75.

145 Ibid., p. 74.

146 Robertson, 'Primitivism and Psychology', p. 86.

body in disorder. Against the background of Schopenhauer's idea of the will and Nietzsche's assumption about the Apollonian and the Dionysian as forces behind life and art, Mann develops further his understanding of the self and art through the mythologies of illness he creates. These are later taken up by Philip Roth also.

#### 1.4 Chapter outline

There have been, to date, numerous explorations of the subject of Thomas Mann and illness. Yet, as will be shown in the following overview and chapter outline, as regards the evaluation of the role of medicine for Mann's art, these analyses tend to present a rather limited and single-sided view. With *Thomas Mann als Philosoph der Krankheit* Fernand Hoffmann provided the first book-length study of Mann and illness in 1975. In his study of Mann as a philosopher of illness Hoffmann neglects the medical narrative traditions Mann takes up, drawing a one-sided picture of Mann's fiction of illness in ignorance of *how* Mann actually wrote about illness.<sup>147</sup> More recent critics have tried to place Mann's novel *Buddenbrooks* against the background of nineteenth-century pseudo-science, especially Max Nordau's theory of degeneration.<sup>148</sup> Others still, such as Katrin Max and Anja Schonlau, have focused on the novel's medical preoccupations and have argued that the medical theory of Mann's time offers important insights into the novel's meanings.<sup>149</sup> This emphasis has led these critics to minimise the ambiguity in the novel's use of illness which in my opinion is reductive.<sup>150</sup> Anja Schonlau's recent monograph *Syphilis in der Literatur* reflects the trend to situate medical discourse within historical cultural discourse paying little attention to the aesthetic or literary function of medical narrative.<sup>151</sup> In these contributions to the field, medicine is perceived as a stable reference-point and its aesthetic implications are seldom explored. *Buddenbrooks*, for example, has been interpreted previously by medically interested literary critics as a novel of decline only. An exception proves Anna Katharina Schaffner's book *Modernism and Perversion: Sexual Deviance in Sexology and Literature, 1850-1930*.<sup>152</sup> She uses literary and sexological texts to argue that the newly medicalized view of sexual perversions and modern literature influenced

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147 Fernand Hoffmann, *Thomas Mann als Philosoph der Krankheit. Versuch einer systematischen Darstellung seiner Wertphilosophie des Bionegativen* (Luxemburg: Veröffentlichung der Abteilung für Kunst und Literatur des Großherzoglichen Institutes, 1975).

148 Helmut Koopmann, 'Imitation, Mutation, Evolution', in "Was war das Leben? Man wusste es nicht" *Thomas Mann und die Wissenschaften vom Menschen*, ed. by Thomas Sprecher, Thomas-Mann-Studien 39 (Frankfurt am Main: Vittorio Klostermann, 2008), 91-110.

149 Kathrin Max, *Niedergangsdiagnostik; zur Funktion von Krankheitsmotiven in 'Buddenbrooks'* (Frankfurt am Main: Vittorio Klostermann, 2008).

150 Max disregards Mann's general assertion in 'Bilse und Ich' (1906) shortly after the publication of the novel: 'Wenn ich aus einer Sache einen Satz gemacht habe – was hat die Sache noch mit dem Satz zu tun?' [When I have turned a thing into a sentence – how would the thing have anything to do with the sentence?]. Here Mann repudiates the accusation that he had taken living burghers of Lubeck and created their one to one literary portrait in *Buddenbrooks*; Thomas Mann, 'Bilse und Ich', in *Gesammelte Werke*, ed. by de Mendelssohn and Bürgin, 2nd edn, X: Reden und Aufsätze, 11-22 (p. 16).

151 Anja Schonlau, *Syphilis in der Literatur. Über Ästhetik, Moral, Genie und Medizin, 1880-2000* (Würzburg: Königshausen & Neumann, 2005).

152 Anna Katharina Schaffner, *Modernism and Perversion: Sexual Deviance in Sexology and Literature, 1850-1930* (Basingstoke: Palgrave Macmillan, 2011).

one another. In her chapter on *Buddenbrooks* she convincingly argues that Mann took up the modern discourse on homosexuality as perversion coined by Krafft-Ebing and Freud and simultaneously ‘outdoes’ their views.<sup>153</sup> Mann portrays Hanno’s homosexual inclinations as connected to art and beauty. Simultaneously, however, in the novel Hanno Buddenbrook turns into a symbol of the sterility and death homosexuality brings on. Mann thus reaches beyond sexology’s ‘normative taxonomy’ and provides more ‘fluid [...] conceptions of gender and sexuality’.<sup>154</sup> Against this background, Part Two of this thesis will provide a reconsideration of the role of medical discourse in Thomas Mann’s novel *Buddenbrooks* demonstrating that his notion of illness lies outside the scope of scientific positivism. The analysis will focus on the disordered body in the novel and its relation to morality, to art and to Schopenhauer’s notion of the body and the will. It will be based on a close examination of encyclopaedic texts and elements of the medical case history used by Mann.<sup>155</sup> I shall illustrate that at this point the artist is condemned to fail, yet, that illness also stands for an evolving aesthetic position.

The critical response to illness in Thomas Mann’s 1911 novella *Death in Venice* has also proved limited in terms of an appreciation of medical discourse as narrative form. I consider *Death in Venice* in Part Three of this thesis alongside Mann’s novel *The Magic Mountain*, which he described as his ‘ärztlich[es] Buch’.<sup>156</sup> André von Gronicka, Helmut Koopmann, Manfred Dierks, and Terence J. Reed all rely on ‘classical’ sources for their interpretation of *Death in Venice*: Greek philosophy and Nietzsche’s principle of the Apollonian and Dionysian, with little attention paid to the medical dimension in the narrative.<sup>157</sup> Within the realm of German Mann research, Manfred Dierks has provided the most thorough analysis of the position that Nietzsche’s piece *Die Geburt der Tragödie aus dem Geiste der Musik* (1872) holds in the novella in his study *Studien zu Mythos und Psychologie bei Thomas Mann*.<sup>158</sup> He argues that the novella follows Mann’s tradition of building and tearing down again a world based on moderate Apollonian principles.<sup>159</sup> Dierks treats the ‘cholera asiatica’ solely as the symbolic manifestation of Nietzschean thought, as later will Reed who rather reductively explains the disease in under a paragraph, purporting that illness is the ‘ideal accomplice in the

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153 Schaffner, p. 181.

154 Ibid., p. 181.

155 I conceive of the will as what I call willpower on the one hand related to Apollonian restraint and diligence, and, of the will in Schopenhauerian terms as the force of nature, a concept that will be outlined in the text.

156 Thomas Mann, ‘Vom Geist der Medizin’, in *Gesammelte Werke*, ed. by de Mendelssohn and Bürgin, 2nd edn, XI: Reden und Aufsätze 3, 591-596 (p. 595).

157 Terence J. Reed, ‘Death in Venice’; *Making and Unmaking a Master* (New York: Twayne Publishing, 1994), p. 44.

158 Dierks, *Studien zu Mythos und Psychologie*; André von Gronicka, ‘Myth plus Psychology: a Style Analysis of ‘Death in Venice’, in *Germanic Review*, 31 (1956), 191-205; Helmut Koopmann, *Thomas Mann und seine Quellen* (Frankfurt a. M.: Vittorio Klostermann, 1991).

159 This was initiated by the short story ‘Little Herr Friedemann’ (1897). Thomas Mann, ‘Der kleine Herr Friedemann’, in *Gesammelte Werke*, ed. by de Mendelssohn and Bürgin, 2nd edn, VIII: Erzählungen. Florenza. Dichtungen, 77-105; translation: Thomas Mann, *Little Herr Friedemann and Other Stories*, trans. by Helen Lowe-Porter (London: Penguin, 1961), 13-35; Dierks, *Studien zu Mythos und Psychologie*, p. 37.

creation of a symbolic pattern'.<sup>160</sup>

Analysis of the existing criticism on *Death in Venice* demonstrates that once more medical language is pressed into the service of a narrow allegorical reading without being allowed to build up much momentum on its own account. Ellis Shookman confirms this tendency in her review of the recent trends in criticism on the novella. She sums up that there are 'no new studies of the novella [that] seriously treat Mann's [...] sources'.<sup>161</sup> The exception is Laura Otis' book-length study *Membranes; Metaphors of Invasion in Nineteenth Century Literature, Science, and Politics*. Otis provides a thorough analysis of germ theory and the metaphors attached to it in the second half of the nineteenth century which she applies to the novella.<sup>162</sup> She argues that, for example, the tiger in *Death in Venice* symbolises, next to the Dionysian element, fears aroused by modern germ theory and colonialism which Mann in his discourse on individuality takes up in the novella.<sup>163</sup> At a time in his life when the 'quest for mediation between self and world' was most pressing, as Ernest Schonfield points out, Mann comes to play with the boundaries of the medical case narrative.<sup>164</sup> He follows Nietzsche's contempt for science and replaces clinical knowledge with his own mythological conceptualisation of the cholera that owes much to Arthur Schopenhauer but which also, nevertheless, always remains closely tied to contemporary medical thinking. I argue that assigning a central but highly ambiguous position to clinical discourse in the novella allows Mann to imagine the defective body as the concrete site of the struggle for art and, simultaneously, as subject to irony.<sup>165</sup> An integrative model that reconciles life's opposites is unthinkable at this point and only becomes possible in *The Magic Mountain*.

Out of almost a century's worth of criticism on 'the encyclopaedic novel', as *The Magic Mountain* was originally called, I have selected recent contributions concerned with the medical in order to show how my analysis of Hans Castorp's case history, which Mann enigmatically described in the preface as 'viel älter als ihre Jahre' [much older than its years], differs from the canon.<sup>166</sup> In 1999 Dietrich von Engelhardt presented an account of the role 'the world of medicine' plays in Mann's work.<sup>167</sup> He examines the manifold perspectives taken on illness and medicine, but as suggested in the term 'world of medicine' his analysis remains very general. Once again, medical findings and cultural implications are related to Mann's work, but the

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<sup>160</sup> Ibid., p. 27;

Reed, *The Uses of Tradition*, p. 172.

<sup>161</sup> Ellis Shookman, *Thomas Mann's Death in Venice. A Novella and its Critics* (Rochester, N. Y.: Camden House, 2003), p. 219.

<sup>162</sup> Laura Otis, *Membranes; Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics*, Medicine and Culture (Baltimore: Johns Hopkins University Press, 1999).

<sup>163</sup> Otis, p. 149.

<sup>164</sup> Schonfield, *Art and Its Uses in Thomas Mann's 'Felix Krull'*, p. 51.

<sup>165</sup> In regards to this particular work it remains important to recognise the multiplicity of possible points of view.

<sup>166</sup> Mann, *MM*, p. 9. Woods, Foreword.

<sup>167</sup> Dietrich von Engelhardt, 'Die Welt der Medizin im Werk von Thomas Mann', in *Thomas Mann und die Wissenschaften*, ed. by Dietrich von Engelhardt and Hans Wißkirchen, Literatur und Wissenschaft im Dialog, 1 (Lübeck: Dräger, 1999), 41-76.

interest Mann took in medicine as a narrative form and a symbolic resource is overlooked. I will provide the so far neglected reading of the novel in its form as a medical case history.

Within medical readings of the novel the depiction of technical phenomena such as the X-ray technique has been considered.<sup>168</sup> Meanwhile in *Glauben, Wissen und Sagen* Andreas Dittrich offers a philosophical analysis and explores the ambiguous role of epistemological theory in the novel.<sup>169</sup> Christian Virchow set out to trace the biological and medical sources of the novel with his article 'Medizin und Biologie in Thomas Mann's Roman *Der Zauberberg*' in 1994.<sup>170</sup> His listing of the scientific sources is convincing and brings so far unknown sources to light but his approach lacks any attempt at interpretation. Virchow provides the source texts but neglects the question of what Mann *did* with the material in his writing. His essay in fact gives the impression that Mann 'adopted' the scientific material and therefore suggests analogies which are not there. Malte Herwig's book-length study *Bildungsbürger auf Abwegen* proves to be more convincing.<sup>171</sup> He traces Mann's sources and delivers a well-wrought analysis focusing on the later works only: *The Magic Mountain*, *Felix Krull*, and *Doktor Faustus*. Unlike Virchow, Herwig gives an interpretation of the role of the scientific texts in the novel suggesting the mythical and parodist reworking of the sources. He thus provides a highly interesting account of the sources, but when comparing these sources with Mann's fiction Herwig merely contextualises Mann's adaptation rather than interpreting the relationship between source and fiction.

Part Three on Mann's novella *Death in Venice* and his magnum opus *The Magic Mountain*, will demonstrate that in Mann's writing the tradition of the medical is reinvented in a manner grounded in nineteenth-century German philosophical thought and cultural paradigms. It will be shown how the medical functions as independent symbolic resource in the narratives. Through Gustav von Aschenbach's disordered body Mann explores the fragile balance of the Apollonian and the Dionysian principle. I introduce the highly ambiguous role of the medical in the novella as Mann connects medical knowledge about the cholera and case writing to questions of artistic identity. The novella bears a new level of confidence in but simultaneously the subversion of medical discourse contradicting the Fin de Siècle notion that 'science will conquer disease'.<sup>172</sup> Central to this fresh reading of Mann is the interpretation of *The Magic Mountain* as a novel about the importance of death for life and the acquisition of sympathy by

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168 Gudrun Schury, 'Lichtanatomie. Thomas Mann und die Ästhetik der Röntgenbilder', in *Literatur und Ästhetik. Texte von und für Heinz Gockel*, ed. by Julia Schöll (Würzburg: Königshausen & Neumann, 2008), 123-132.

169 Andreas Dittrich, *Glauben, Wissen und Sagen; Studien zu Wissen und Wissenskritik im 'Zauberberg', in den 'Schlafwandlern' und im 'Mann ohne Eigenschaften'* (Tübingen: Niemeyer, 2009).

170 Christian Virchow, 'Medizin und Biologie in Thomas Manns Roman *Der Zauberberg*. Über physiologische und biologische Quellen des Autors', in *Das 'Zauberberg'-Symposium 1994 in Davos*, ed. by Thomas Sprecher, Thomas-Mann-Studien, 11 (Frankfurt am Main: Vittorio Klostermann, 1995), 117-172.

171 Malte Herwig, *Bildungsbürger auf Abwegen. Naturwissenschaft im Werk Thomas Mann*, Thomas-Mann-Studien, 32 (Frankfurt am Main: Vittorio Klostermann, 2004), p. 141.

172 Albury, p. 268.

ways of medical discourse.<sup>173</sup> As Ritchie Robertson has pointed out, the dream scene in *The Magic Mountain* exemplifies that ‘The collective unconscious of humanity [...] contains a vision of happy and healthy, civilised and courteous humanity, but also the fantasy of hideous, cannibalistic rites’.<sup>174</sup> The notion of cannibalistic abominable rites raises the question of the role of abjection. The corpse attains central importance as it threatens boundaries and produces horror but is also essential as a preparation for love and a sense of connectedness.<sup>175</sup> It is thus that the body inhabits a vital position within the novel and constitutes the departing point for Hans’ journey and for his emotional awakening and developing *sentimentalisch* consciousness that takes place in the context of sickness and death. Hans’s confrontation with illness, psychoanalytic and scientific knowledge, and subsequently his appropriation of medicine, afford him a confrontation with death essential to his understanding of life and the self. If read in the light of Kristeva’s thinking, the medical case histories in the novel emerge as an independent symbolic resource paving the way for Mann’s ideas on humanism. He satirizes the case history and also explores it as a source for knowledge about the self and an integrative model reconciling life and death.

In the second half of my thesis I shall examine the relationship between Roth and Mann’s writing of illness. Here, I show that Thomas Mann and Philip Roth are not only connected in their central concern with illness, but that the way they treat the medical source material also bears similarities. These are points that have not been taken up, to date, within Roth and Mann research. Where Thomas Mann has been considered in his role as an author who stands in close dialogue with medicine, within academic writing Philip Roth’s distinct occupation with the medicalized sick body has not gained much attention. This, despite the fact that David Brauner, for example, has acknowledged that ‘his fiction has repeatedly explored the fragility of the human body’.<sup>176</sup> Several critical contributions more generally aimed at the meaning of ‘the body’ in Roth’s fiction have been made, including Debra Shostak’s ‘Return to *The Breast*: The Body, the Masculine Subject, and Philip Roth’. In her convincing interpretation Shostak reads the body as a site of subjectivity and of the abject that evokes ‘the horror of the border’.<sup>177</sup> This notion of abjection I will take up in my reading and relate more specifically to

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173 I am aware of Ernest Schonfield’s distinction between the ‘ethical’, ‘ontological’, ‘artistic’, ‘social’ and ‘linguistic’ aspects of sympathy in Mann’s work. For the purpose of this thesis special emphasis will be placed on the ethical and ontological aspects of sympathy. Overall, in my discussion I mainly rely on Thomas W. Laqueur’s idea of humanitarian sensibility as crucial aspect of case history writing and I suggest that depictions of bodily disorder by Mann often go hand in hand with an enhanced capacity for interiority in his protagonists. The illness mythology Mann creates on these grounds has implications for art.

For a comprehensive discussion of sympathy in Mann’s work: Schonfield, pp. 56-57.

174 Ritchie Robertson, ‘Thomas Mann (1875-1966): Modernism and Ideas’, in *The Cambridge Companion to European Novelists*, ed. by Michael Bell (Cambridge: Cambridge University Press, 2012), 343-360 (p. 355).

175 Kristeva, *Powers of Horror*, p. 4.

176 Brauner, *Philip Roth*, p. 219.

177 Debra Shostak, ‘Return to *The Breast*: The Body, the Masculine Subject, and Philip Roth’, *Twentieth Century Literature: A Scholarly and Critical Journal*, 45/3 (1999), 317-335 (p. 328);



the sick body. Meanwhile Alex Hobbs in her 'Reading the Body in Philip Roth's *American Pastoral*' has delivered an interpretation of 'the heroic body' of the Swede Levov, the protagonist of *American Pastoral*, who changes from the all American role model into a 'more complex [...] struggling' man, yet neglects to examine the way Roth represents illness in his writing.<sup>178</sup> Monika Hogan's account of the role of the racial hypochondriac body in *American Pastoral* is more convincing, but is limited to the extent that she focuses on the negative, abject aspects of the bodies in connection with Jewishness only.<sup>179</sup>

In criticism Roth's identity has moved from the Jewish to the more general human, from good son to notorious writer, from exponent of a Freudian psychoanalytic worldview towards one who questions the possibility of 'the authentic self'.<sup>180</sup> David Gooblar, however, argues that throughout his work Roth has continually engaged with the interaction between 'the self and society'.<sup>181</sup> Taking into account this notion of Roth's continual reflection on the self, Part Four of this thesis sets out to delineate a significant shift, one that hardly any attention has been paid to thus far: the shift in his early work towards the body in disorder and the medicalization of life. The first text examined in chapter four will be the short story 'Novotny's Pain' which has not received much attention within literary criticism to date. Exceptions include the contributions by Daniel Medin, David Gilotta's analysis of 'body humour' in the story, and the short paragraph on the piece in Debra Shostak's illuminating book *Philip Roth – Countertexts, Counterlives*.<sup>182</sup> Shostak points out the centrality of the struggle between the mind and the body for Roth, claiming that he 'inherits the ontological difficulties posed by the Cartesian split between body and mind, and frequently his work since the 1970s has traced an effort to understand, if rarely to heal, this split'.<sup>183</sup> However, she interprets the body here largely as a means for Roth to negotiate specifically 'the embodiment of masculine subjectivity'.<sup>184</sup> As regards to the role of pain, she argues that Roth depicts it 'without any certain meaning beyond its physical presence', a notion my reading of the short story as a case history will contest.<sup>185</sup> In contrast, I show that through Novotny's pain Roth negotiates his own evolving aesthetic

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Kai Mikkonen, 'The Metamorphosed Body in Philip Roth's *The Breast*', *Studies in Contemporary Fiction*, 41/1 (1999), 13-44.

178 Alex Hobbs, 'Reading the Body in Philip Roth's *American Pastoral*', *Philip Roth Studies*, 6/1 (2010), 69-83 (p. 82).

179 Monika Hogan, 'Something so Visceral in with the Rhetorical. Race, Hypochondria, and the Unassimilated Body in *American Pastoral*', in *Philip Roth's America: The Later Novels*, ed. by Daniel Walden and Derek Parker Royal (Lincoln: The University of Nebraska Press, 2004), 1-14.

180 David Gooblar, *The Major Phases of Philip Roth* (London: Continuum, 2011), p. 3 and p. 109.

181 Ibid., p. 132.

182 David Gilotta, 'The Body in Shame: Philip Roth's Physical Comedy', in *Playful and Serious. Philip Roth as a Comic Writer*, ed. by Ben Siegel and Jay Halio (Newark: University of Delaware Press, 2010), 92-116 (p. 95 and p. 113). Here David Gilotta delivers a reading of *The Anatomy Lesson* amongst other Roth texts as 'physical comedy' focusing on 'the competing series of binaries' that manifest themselves in bodily disorder at the level of Roth's characters;

Shostak, *Philip Roth – Countertexts, Counterlives*, p. 21;

Gilotta, p. 97.

183 Shostak, *Philip Roth. Countertexts, Counterlives*, p. 21.

184 Ibid., p. 21.

185 Medin, *Three Sons*; Shostak, *Philip Roth. Countertexts, Counterlives*, p. 42.

position as a writer and the challenges a *sentimentalisch* consciousness poses.

The second Roth novel discussed in Part Four, *My Life as a Man*, has predominantly been interpreted along the lines of personal disintegration in its presentation of the self.<sup>186</sup> Whilst I agree with the notion that the novel presents a struggle to make sense of oneself and the world, I consider the paradigm of collapse and dissolution limiting. Instead, I explore the emancipatory quality of this work. David Gooblar argues convincingly that the psychoanalytic mind-set becomes a 'boon to the writer's creativity' in the novel.<sup>187</sup> He concludes that 'Roth leaves unresolved whether fiction, nonfiction, or psychoanalysis are adequate on their own to fully exorcise his demons'.<sup>188</sup> I propose a fourth narrative mode, not mentioned by Gooblar, which Roth engages with as yet another way of self-interpretation: the modern clinical narration of pathology.

In a similar vein to the reaction to *My Life as a Man*, Nathan Zuckerman's experience of back pain in *The Anatomy Lesson*, the last book to be treated in Part Four, has been interpreted as conveying self-obsession and chaos; John Updike detected in the book a 'frenzied solipsism'.<sup>189</sup> By outlining the Mannian perspective in the novel I will show that through illness Zuckerman develops in ways that other critics have denied him. Illness is cast as an ambiguous force here. Instead of striving for and mourning the 'non-porous, autonomous, whole body' as Monika Hogan suggested, the analysis will reveal that the pain he suffers from is much more ambiguous to Nathan Zuckerman, who oscillates between Gustav von Aschenbach (*Death in Venice*) and a Hans Castorp like character traits (*The Magic Mountain*).<sup>190</sup> Starting with the short story 'Novotny's Pain', in Part Four I show that there is concrete evidence of Mann's illness thinking in Roth's early works and argue, through an examination of medical sources, that Roth was aware of Mann's mythologies of illness and employed it as a means to negotiate the authorial self.

Part Five treats Roth's later illness narratives *Patrimony*, *Everyman*, and *Nemesis*. Ken Gordon states that with the American trilogy (begun in 1997) Roth 'found an entirely new way to tell Zuckerman stories', he speaks of 'a new selflessness' as the author acknowledged 'the existence of *other people*' after years of obsessing with alter egos and solipsistic presentations of self.<sup>191</sup> In this analysis I will show that the notion of selflessness and humanism is, in fact, to be found earlier in Roth's work, for example in his 1991 memoir *Patrimony*. Benjamin Hedin

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186 Martin Amis, 'Philip Roth: No Satisfaction', *New Statesman*, 1978, and *Observer*, 1984 (repr. in *The Moronic Inferno. And Other Visits to America* (New York: Viking, 1986), 33-42 (p. 42);

Margaret Smith, 'My Life as a Man: The Surprises Manhood Brings', in *Philip Roth. New Perspectives on an American Author*, ed. by David Parker Royal (Westport: Praeger, 2005), 75-88 (p. 79).

187 Gooblar, p. 99.

188 Ibid., p. 96.

189 Updike, p. 368.

190 Hogan, p. 2 and p. 13.

191 Ken Gordon, 'Philip Roth: The Zuckerman Books', *Salon*, 26 March 2002  
<[http://www.salon.com/2002/03/26/zuckerman\\_2/](http://www.salon.com/2002/03/26/zuckerman_2/)> [accessed 17 May 2012].

even claims that Roth, as we know him, is in ‘a temporary exile’ in the book.<sup>192</sup> Indeed *Patrimony* stands out in Roth’s oeuvre in that it leaves aside ‘self-consciousness’, as Mark Shechner argues. Where nearly all the critics of the book have turned to the scene in which Herman Roth loses control over his bowels and his son Philip cleans up after him, there has been little attention paid to the role of physical detail in the rest of the memoir and the movements of identification and dis-identification between father and son.<sup>193</sup> I argue that, on the basis of medical detail, Roth develops a dialogical autobiography, that sees both father and son turn into cases. In doing so, I consider for the first time the connections between Roth’s autobiographical case writing and Mann’s philosophy of illness and the abject.

With *Everyman* Roth shifted to writing a ‘medical biography’, as he pointed out himself.<sup>194</sup> Roth’s preoccupation with ‘the precariousness of life is not [however,] a recent development’, as the analysis of his early short story ‘Novotny’s Pain’ illustrates.<sup>195</sup> Yet, the intensity with which illness is presented and the preoccupation with the body as moral ground in his novel is something new. On the one hand, the novel has been hailed as a brilliant exploration of mortality, allowing a ‘brittle gaze at America’s restless spirit’, yet by others, such as Mark Schechner and Michiko Kakutani, it has been deemed a ‘minor Roth’ due to ‘the faceless cutout of a figure’ his protagonist appears to be.<sup>196</sup> Nadine Gordimer has pointed out the paradoxical nature of the novel, in which Roth juxtaposes ‘ecstasy’ with ‘mortality’ and thereby turns into the ‘magnificent victor [...] to encompass all of life’.<sup>197</sup> In *All’s well that Ends* Ross Posnock mentions, but does not elaborate further upon the idea that in *Everyman* Roth turns to the ‘Western canon of mourning and mortality’.<sup>198</sup> I argue that the ecstasy Gordimer distinguishes in *Everyman* can be linked to the Dionysian of Mann’s illness narratives, which in turn raises the question of the position of the Dionysian and the Apollonian in the negotiation of illness in Roth’s novel.

*Nemesis*, the last book considered in Part Five, has received comparably little attention within academic writing to date. An exception is Richard Sheehan’s short article in the journal

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192 Hedin, ‘The Measure of All Things: *Patrimony*’, p. 150.

193 Mark Shechner, *Up Society’s Ass, Copper. Rereading Philip Roth* (Madison: The University of Wisconsin Press, 2003), p. 130;

Carol Iannone, ‘Jewish Fathers and Sons and Daughters’, *American Scholar*, 67/1 (1998), 131-138 (p. 133);

Paul John Eakin, *The Ethics of Life-Writing* (New York: Cornell University Press, 2004), p. 182.

194 Roth in an interview with Terry Gross, *NPR*, 8 May 2006

<<http://www.npr.org/templates/story/story.php?storyId=5390578>> [accessed 10 December 2012].

195 Brauner, *Philip Roth*, p. 218.

196 Ranen Omer-Sherman, ‘Philip Roth. *Everyman*’, *Philip Roth Studies*, 2/2 (Fall 2006), 161-167 (p. 166);

Tim Adams, ‘Forgive Me, My Sons, for I Have sinned’, *The Observer*, 30 April 2006

<<http://www.guardian.co.uk/books/2006/apr/30/fiction.philiproth>> [accessed 25 December 2012];

Mark Shechner in ‘Grave Commentary: A Roundtable Discussion on *Everyman*’, *Philip Roth Studies*, 1 (2007), 3-25 (p. 12);

Michiko Kakutani, ‘Philip Roth’s Latest Man Without Much to Show for Life’, *The New York Times*, 26 April 2006 <<http://www.nytimes.com/2006/04/26/books/26kaku.html>> [accessed 10 December 2012].

197 Gordimer.

198 Posnock, p. 51.

of *Philip Roth Studies* where he identifies Bucky Cantor, the protagonist of the novel, himself as nemesis.<sup>199</sup> Within the press, there can be found a greater number of reviews evaluating the influences on the depiction of disease in the book. Albert Camus has been mentioned as an influence in a number of reviews, Peter Kemp's article in *The Sunday Times* remains the only piece that makes a link to Thomas Mann as one of 'the work's classic antecedents'.<sup>200</sup> Edward Docx notes that the shift to polio has provided Roth 'with a new, outward-looking and substantial subject around which his writing can thrive', whilst Roth's depiction of an epidemic has elsewhere been considered a 'reinvigorated engagement with American Jewish life'.<sup>201</sup> In addition to these appraisals of the polio theme, Tim Parks plausibly interprets the disease as primarily an aesthetic strategy, a means 'to induce a generalised atmosphere of collective fear'.<sup>202</sup> In the protagonist Bucky Cantor Parks senses a lack of charisma and humour and, like many critics, he reproduces Arnie Mesnikoff's opinion of Bucky as an ambiguous narrator.<sup>203</sup> Meanwhile, in his brilliant review of the novel 'On the Moral Brink', John M. Coetzee points out that there may, in fact, be more than one way of reading this complex patient figure.<sup>204</sup>

My analysis of *Nemesis* will be based on the assumption that at the bottom of Bucky Cantor's case lies Mannian ambiguity deeply rooted in the illness paradigm. The Dionysian element in the novel deserves consideration outside the scope of a tragic downfall as Bucky Cantor's life with disability has tended to be read so far. I will consider Bucky Cantor's *sentimentalisch* longing to 'ste[p] outside what fate has given' and how this is linked to the question of art and storytelling.<sup>205</sup> In my analysis of Roth's later works *Patrimony*, *Everyman*, and *Nemesis*, I prove that Roth's appropriation of illness is characterised by an electric ambiguity based on Mann's understanding of Nietzsche's Dionysian and Apollonian principles. Mannian bodies permeate Philip Roth's novels and he, too, throws critical light on the assumptions of scientific positivism.

Two basic assumptions underline the analysis offered in this thesis: that medical knowledge travels across disciplines, and that 'thinking in cases' is a phenomenon both medical and literary writings are concerned with. The medical case history as a rhetorical structure

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199 Richard Sheehan, 'Nemesis', *Philip Roth Studies*, 7/1 (2011), 97-101 (p. 98).

200 Peter Kemp, 'The Enemy Within', *The Sunday Times*, 3 October 2010, p. 51.

201 Edward Docx, 'Nemesis by Philip Roth', *The Observer*, 3 October 2010,

<<http://www.guardian.co.uk/books/2010/oct/03/philip-roth-nemesis-book-review>> [accessed 10 January 2013]; Greil Marcus distinguishes a 'horror-movie' immediacy in the unpredictability of the plot. Greil Marcus, 'Philip Roth's Playful, Unpredictable *Nemesis*', *Salon*, 13 October 2010

<[http://www.salon.com/2010/10/13/nemesis\\_philip\\_roth/](http://www.salon.com/2010/10/13/nemesis_philip_roth/)> [accessed 5 January 2013];

Christopher Tayler, 'Nemesis by Philip Roth', *The Guardian*, 2 October 2010

<<http://www.guardian.co.uk/books/2010/oct/02/nemesis-philip-roth-book-review>> [accessed 4 January 2013].

202 Tim Parks, 'The Truth about Consuela', *London Review of Books*, November 2010, pp. 17-18.

203 Michael Gorra, too, finds Bucky Cantor 'pallid' and 'humourless'. Michael Gorra, 'Not Letting Go', *Slate Magazine*, 27 September 2010

<[http://www.slate.com/articles/arts/books/2010/09/not\\_letting\\_go.html](http://www.slate.com/articles/arts/books/2010/09/not_letting_go.html)> [accessed 5 January 2013].

204 John M. Coetzee, 'On the Moral Brink', *The New York Review of Books*, 28 October 2010

<<http://www.nybooks.com/articles/archives/2010/oct/28/moral-brink/?pagination=false&printpage=true>> [accessed 11 January 2011].

205 Coetzee.

throws into relief medicine's wider cultural ramifications and contradicts the idea of medicine as a set of facts, serving instead to illuminate the connections between literary and medical writing. In the first half of this thesis a new perspective of Thomas Mann as writer of illness narratives will be put forward. I will argue that the medical functions as an independent yet highly ambiguous symbolic resource. In creating distinct illness mythologies, Mann imbues medicine and illness with meaning, whilst simultaneously pointing to the explanatory impotence of positivism. Mann thus develops an ambiguous fictional reworking of medical narrative traditions, in which the possibilities of formulating the artistic self through the disordered body is only hinted at. In the second half of this thesis it will be shown how Philip Roth rehearses vital episodes of Mann's illness mythology in his own work. This allows for a new appraisal of Roth's writing of illness, one that sees Roth as less inclined to realist vision and more attuned towards a mythological, fantastic dimension. Thomas Mann is considered not only as an influence on, but a source for Roth's writing on illness, and Mannian 'source material' is traced in Roth's narratives. Analysis will reveal that Philip Roth's work, and his affiliation with late nineteenth-century and early twentieth-century German culture, can be understood more fully once it is related to Thomas Mann's illness mythologies. For both novelists, the writing of illness proves significant in the development of artistic identity; it mediates the exploration of scientific positivism, the metaphysical nakedness of which is simultaneously highlighted and contradicted by writing the medical case.

## II. Myths of Illness in Thomas Mann's *Buddenbrooks* (pp. 37 – 71)

### 2.1 Introduction

In this chapter I offer a reading of *Buddenbrooks* (1901), Thomas Mann's first major novel. I argue that the novel's most fundamental preoccupations concern illness and its relation to moral issues, the will, and art.<sup>1</sup> Furthermore, Mann's experimentation with scientific positivism will occupy a central position in this analysis.

Mann saw himself as a realist in the nineteenth-century European tradition of Honoré de Balzac, George Eliot and Theodor Fontane, committed to giving a 'total picture' of a society under the pressure of historical change. This background has been thoroughly explored by Hugh Ridley in his account of the novel and its critical fortunes.<sup>2</sup> Martin Swales also reads the novel as Mann's attempt to tell the history of his time, but emphasises the Buddenbrook family's tendency to 'turn inwards'.<sup>3</sup> Swales argues that the family's capacity for artistic experience makes it susceptible to disease and incapable of leading the bourgeois life to which it was outwardly devoted. In contrast to these previous scholars, I suggest that Mann invites his reader to assess the preoccupations of the major characters in the light of the impact these have on their bodies and attributes particular significance to the role of medical narrative. As in *The Facts in the Case of M. Valdemar* (1845) by Edgar Allan Poe, Georg Büchner's *Lenz* (1836) or E. T. A. Hoffmann's *The Devil's Elixirs* (1815/1816), in Mann empirical observation often reads like poetry or, reminiscent of Poe, fictional scenes are fashioned as science creating a 'hoax'.<sup>4</sup>

In *Buddenbrooks* Mann develops a series of case narratives in which he negotiates art through the disordered body. This is in keeping with the rising literary trend towards biographical presentation of pathological individuals that had begun in the late eighteenth century, in the case, as, for example Johann Wolfgang von Goethe's *Wilhelm Meister* (1795/1796). In *Buddenbrooks*, illness engenders moments of experiential crisis in which the character types in the novel are allowed to develop. The Enlightenment rationality of the older Johann Buddenbrook; the dismal Evangelical religion of his son Jean and of Jean's wife Elisabeth, the comparatively undisciplined artistic propensities of their sons Christian and Thomas, and the more developed ones of Thomas's wife Gerda and their son Hanno - all take a toll in the form of bodily disorder. In this way, the novel can be seen to turn its central

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1 I conceive of the will as what I call willpower on the one hand related to Apollonian restraint and diligence and the power to execute and, of the will in Schopenhauerian terms as the force of nature, a concept that relates the will to a force in nature and deep causes of inaction that lie beyond consciousness.

2 Hugh Ridley, *Thomas Mann. Buddenbrooks* (Cambridge: Cambridge University Press, 1987).

3 Martin Swales, *Buddenbrooks. Family Life as the Mirror of Social Change* (Boston: Twayne Publishers, 1991).

4 Nicolas Pethes, 'Ästhetik des Falls. Zur Konvergenz anthropologischer und literarischer Theorien der Gattung', in 'Fakta, und kein moralisches Geschwätz.' *Zu den Fallgeschichten im 'Magazin zur Erfahrungsseelenkunde'* (1783-1793), ed. by Sheila Dickson and others (Göttingen: Wallstein Verlag, 2011), 3-32 (p. 17).

characters into medical case histories, with bodily disorder coming to symbolise the possibility of growth and artistic receptivity. In the narrative on the Buddenbrook family illness is conceived of in dialogical terms, a term coined by Souter, taking place ‘in the realm of the interpersonal’, in this case within ‘the family body’.<sup>5</sup>

Whilst extolling the significance of illness to character development, the novel is, at the same time, highly sceptical of the language of medicine. The novel’s doctors achieve almost nothing and are often treated ironically. By example of the third and fourth Buddenbrook generation it will be shown that the *sentimentalisch* quest of artistic propensities through the longing for the infinite fails at this stage, instead illness represents the unconscious forces of what Schopenhauer called the will taking hold of the characters. This ambiguous narrative stance – making the body paramount while depriving medicine of any practical authority over the body – enables Mann to create his own mythology of illness, which I argue lies at the heart of the novel and problematises the critical assumption that the novel is fundamentally about decline and degeneration. What emerges in addition to this is the possibility of illness as a sign or register of spiritual and artistic development, a conviction that is radically developed further in *Death in Venice* and *The Magic Mountain*.

In his discourse on bodily defects Mann borrows from many different traditions, some of which originate in medicine. Hence I relate Mann’s use of medical mythology in *Buddenbrooks* to earlier writers’ use of the discourse of ‘the curious’. Originating in the eighteenth century, curious discourse conveys the subjective response of the doctor to the patient via the written case. As Meegan Kennedy, Geoffrey Sill, and Jason Tougaw have shown in relation to the development of the English novel in the eighteenth and nineteenth centuries, the curious case history defying all known medical knowledge played an integral part in the works of authors from Daniel Defoe to Oscar Wilde.<sup>6</sup> I suggest that what Thomas Laqueur has described in terms of the growth of a humanitarian sensibility which assumed a ‘common body’ and developed a ‘narrational technique’ committed to ‘the reality of human suffering and to its claim for sympathy’, enabled Mann to go into extraordinary detail about the pains and deaths of his characters in such a way as to make their sufferings relevant to a wide readership.<sup>7</sup> Yet, with the century progressing the curious case came under attack and by the beginning of the nineteenth century it was perceived as an insult to the ‘commitment of objectivity’ which medicine had by then adopted.<sup>8</sup> Mann examines and satirizes nineteenth-century clinical discourse, which was dedicated ‘to the precise rendition of surfaces’ and sought to objectify medical language and establish it as a science.<sup>9</sup> He also parodies the objective tone and the scientific aspirations of nineteenth-century science more generally.

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<sup>5</sup> Souter, p. 38.

<sup>6</sup> Sill; Tougaw.

<sup>7</sup> Thomas W. Laqueur has defined the ‘humanitarian narrative’ as i.e. narratives focusing minutely on individual suffering with a view to mobilising the reader’s compassion. Laqueur, p. 181.

<sup>8</sup> Kennedy, *A Curious Literature*, p. 4.

<sup>9</sup> Ibid., p. 28.

As Mann takes an ambivalent stance towards the objectification of bodily disorder which medicine sought at the time, contemporary medical writing becomes both a crucial narrative counterpoint for him, and a central element in the creation of his illness mythology. Hence in my view, a close reading of Mann's strategies of incorporating medical narrative is needed alongside the existing interpretations of Mann as a writer of illness. The structure of *Buddenbrooks* and its various motifs demand an analysis which, rather than simply following chronology, does justice to the development of Mann's medical myth. The concept of progressive degeneration that underlies the novel structurally has led Mann to construct the myth of illness in stages tied to each generation of the family. In my analysis I have chosen scenes relevant to medical discourse in the novel, moving from the first generation to the fourth.

## **2.2 The ideal of normal functioning – discourse on illness in Fin de Siècle Germany**

Nineteenth-century medical narratives were still deeply embedded in other cultural discourses and only slowly became an independent entity. This is what renders them such an interesting source when considering the nexuses between the two cultures, the sciences and the humanities. I begin this analysis of Fin de Siècle illness writing with an overview of the changing perceptions of illness and language in German medical culture. As pointed out in the Introduction, medical case histories in the Fin de Siècle showed greater psychological depth but simultaneously they were increasingly characterised by stripped language.<sup>10</sup> Throughout the nineteenth century great efforts were made to establish medicine as a science and to objectify its findings. Clinical examination allowed the physician a new means by which to diagnose disease.<sup>11</sup> Furthermore, with his innovation of 'the doctrine of tissues' Bichat set out to 'provide a new map of the body', as Roy Porter observes, and laid the foundations of nineteenth-century pathology.<sup>12</sup> The rise of biology in the second half of the nineteenth century, due to new developments in the area of microbiology and to Darwinism, meant that medicine was viewed as the practical application of new scientific data, from which, finally, medical research culture could emerge.<sup>13</sup> The physician was now conceived of as working in a laboratory determining the norms of a healthy body.

In 1847 Rudolf Virchow defined disease as representing 'the course of physiological phenomena under altered conditions'<sup>14</sup> and 'keine in den Körper eingedrungene Wesen, noch auf ihm wurzelnde Parasiten' [not as beings intruding into the body nor as parasites that have

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<sup>10</sup> Thomé, p. 179.

<sup>11</sup> Edward Shorter, 'The History of the Doctor-Patient Relationship', in *Companion Encyclopedia of the History of Medicine*, ed. by Porter and Bynum, II, 783-800 (p. 787).

<sup>12</sup> Roy Porter, *The Greatest Benefit to Mankind; A Medical History of Humanity* (New York: Norton, 1999), p. 265.

<sup>13</sup> Andrea Kottow, *Der Kranke Mann; Medizin und Geschlecht in der Literatur um 1900* (Frankfurt am Main: Campus Verlag, 2006), p. 19.

<sup>14</sup> Epstein, *Altered Conditions*, p. 7.



taken root on it].<sup>15</sup> Virchow argued for the ‘functional understanding of pathology’<sup>16</sup> where ‘die normalen Bedingungen des Lebens’ [the unaltered conditions of life] were to be preserved and restituted, as opposed to ontological concepts which configured disease as intruder from the outside.<sup>17</sup> Virchow and the bacteriologists undermined the idea of the body as an autonomous organism, replacing it with the conception of bodies as ecosystems of bacteria, viruses and parasites, interacting with other, larger ecosystems. Life, in this revised conception, was a kind of *bellum omnium contra omnes*. These new findings led to the rise of a positivist approach towards the body and a mechanistic, materialistic explanatory of its processes was thus developed, which in turn had a huge impact on medical narrative forms established at the time. Fin de Siècle medicine idealised the ‘Normalfunktionierenden’ [normal functioning individual] and, for the first time, based the concept of physical normality on microbiological findings.<sup>18</sup> *Buddenbrooks* reflects Mann’s scepticism towards these changes in medicine whilst also raising the question of how this realist writer engaged with medical positivism and a newly emerging ‘Wissenschaftlichkeit’ [scientificity].

Opposed to the positivist endeavor to establish a scientific language of the body only, discourse on the body-mind relationship had already intensified with the rise of the ‘mentalist trend’ between 1800 and 1850.<sup>19</sup> For Mann, Schopenhauer’s pessimism in *Die Welt als Wille und Vorstellung* (1819) represented in the self-destructive will which is ‘the metaphysical substratum that remains inaccessible to any direct or pure form of consciousness or perception’, as Cheryl Foster points out, and Schopenhauer’s perception of the body as seat of ‘pain and deficiency’, proved crucial.<sup>20</sup> However, in what follows I am going to argue that even though nature’s desire for self-destruction, both physical and mental, plays a role in *Buddenbrooks*, Schopenhauer’s thoughts on art as ‘state of pure knowing’ also point to ‘a way out’, and the body in decline functions as catalyst in Mann’s writing.<sup>21</sup> The key question that arises as regards Mann’s novel is, then, whether a philosophy of illness in which bodily disorder becomes closely connected to art can be reconciled with a positivist account of bodily processes.

The cultural fantasies that proliferated around the term degeneration in the late

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15 Rudolf Virchow, ‘Ueber die Standpunkte der wissenschaftlichen Medicin’, in *Archiv für pathologische Anatomie und Physiologie und für klinische Medicin*, 1 (1847), 1-19 (p. 4).

16 Epstein, *Altered Conditions*, p. 9.

17 Volker Becker, *Der Einbruch Der Naturwissenschaft in die Medizin: Gedanken um, mit, über, zu Rudolf Virchow* (Heidelberg: Springer, 2008). Becker points out that Virchow’s cellular pathology became the ‘flagship’ of a scientific view on illness and medicine; Becker, p. 47.

18 Concepts of health were now dominated by medicine and the notion of normality, which had to be upheld by self-discipline and the disciplining of the body through dieting, a view that resonated the enlightenment ideal of taming nature through education, science, technology. Kottow, pp. 21-22.

19 During the first half of the eighteenth century the possibility that physical diseases were psychically caused moved to the centre of attention within medical circles; Neil Vickers, *Coleridge and the Doctors*, p. 64.

20 Cheryl Foster, ‘Ideas and Imagination: Schopenhauer on the Proper Foundation of Art’, in *The Cambridge Companion to Schopenhauer*, ed. by Christopher Janaway (Cambridge: Cambridge University Press, 1999), 213-251 (p. 221);

Nussbaum, ‘Nietzsche, Schopenhauer, Dionysus’, pp. 349-350.

21 Foster, ‘Ideas and Imagination: Schopenhauer on the Proper Foundation of Art’, p. 227.

nineteenth century provide an example of the conflicting strategies, both scientific and literary, that were used to describe a pathology affecting the whole of society, and reveal medical narrative as a highly charged cultural discourse oscillating between scientific, cultural, and literary imaginations. In 'the classic age of progress' which, according to Norman Stone, H. G. Wells described as 'a matter of enlightened people using science to promote the cause of 'Up and Up and Up and On and On and On', a growing number of voices proclaimed an increased presence of degenerates in society.<sup>22</sup> However, there was 'no one stable referent to which degeneration applied', rather, it seemed to be a 'fantastic kaleidoscope of concerns'.<sup>23</sup> In mid-nineteenth-century culture degeneration moves from 'its place as occasional sub-current of wider philosophies [...] to become the centre of scientific and medical investigation'.<sup>24</sup> With Max Nordau's *Degeneration*, the synthesis between medical forms of thinking and modern culture was attempted and widely disseminated. A paradigm had been invented which drew on social, cultural and medical issues and entered into discourse on the status of medicine as a clinical science.

The attempt to ban literature as the voice of intuitive sensibility within medical case narratives is closely linked to the degeneration motif. According to Kennedy, nineteenth-century physicians regularly compared the 'intrusion of literary discourse into clinical texts' to the 'infection of the body of medicine by a degenerative disease'.<sup>25</sup> The term degeneration thus became the metaphor for medicine's own perceived pathology, rooted in its ambivalent relationship to literary alongside scientific narrative. This example of the degeneration paradigm therefore illustrates how interpretations of Mann's novel based on the assumption of the stability and objectivity of medical discourse are insufficient in their appreciation of medical cultural narrative. Rather than implying a straightforward physical and moral decline, the degeneration, that Mann depicts in his fiction, functions as a thematic roof under which are gathered complex questions of bodily decline, changing aesthetics, and art.

In the following I will discuss the series of cases Mann creates in the Buddenbrook family as part of a larger archive of texts. The role of medical case language will be of particular interest as it becomes one of the central discourses and vehicles of knowledge, whilst its authority nevertheless stands challenged. Opposed to the 'mindless body' that medicine sought to establish at the time and the *demystification* of illness through the objective voice of science, Mann turns the defective body into a playground of conscious and subconscious games of the *sentimentalisch* mind in order to arrive at the opposite – the valorization of defect and a distinct

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22 Norman Stone, *Europe Transformed, 1878-1919* (Cambridge, Mass.: Harvard University Press, 1984), p. 15. Stone quotes the expression by Ramsay Mac Donald.

23 Daniel Pick, *Faces of Degeneration: A European Disorder, 1848-1918* (Cambridge: Cambridge University Press, 1993), p. 15.

24 Ibid., p. 20.

25 Kennedy, *A Curious Literature*, p. 136. Kennedy also points out that the demand to exclude literary discourse from medicine was by no means a uniform position. Around 1900 Philip Henry Pye-Smith, a British physician, moralized that a good physician was always in need of 'sympathy' as part of his personal qualities. Ibid., p. 138.

mythology of illness. Positivism and inwardness form a fascinating contrast in the novel, which I seek to elucidate. The notion of heritage in connection to illness will be assessed and also the question of morality and its reflection in the body. I will analyse the impact of medical language within Mann's discourse on the formation of the artistic self by looking at the interplay of medical and literary narratives he creates. I will begin with Johann Buddenbrook, the father of future generations, before looking in more detail at Thomas, his dutiful grandson, who seeks to maintain the bourgeois 'perfect form' by means of the will. I will then move on to Christian, Thomas's brother, the dilettante and Thomas's son Hanno, the first Buddenbrook to openly give in to artistic propensities, eventually going down the 'fremden, heißen Wege' [strange, hot path] of the mind when consumed by typhoid fever.<sup>26</sup>

### 2.3 The family body in transformation

The description of the patriarch, senator Johann Buddenbrook the elder, opens the novel. Depicted as 'ein aufgeklärter Mann' [a man of enlightened views] (p. 14; Woods p. 7), the senator presides over a wealthy, worldly household (p. 20). Rather than the foundation of belief, here the Catechism is presented as a mere means of education and furthermore, Johann's mocking irony, reveals it as a backward, overtly literal reading of God's word. Even before he is introduced as a character, the senator Johann Buddenbrook is thus presented as a devil's advocate of enlightenment reason. The narrator accordingly describes his face as a 'rundes, rosig überhauchtes und wohlmeinendes Gesicht' [round, pastel-pink, good-humoured face] and a body clothed in the ideal dress of enlightenment times. His chin 'ruhte breit, doppelt und mit einem Ausdruck von Behaglichkeit' on his 'Spitzenjabot' [rested comfortably on the white lace jabot] (p. 10; Woods, p. 4). Johann Buddenbrook's 'weiße, ein wenig zu kurze, aber feingegliederte Hand' [a white hand, with short but delicately shaped fingers, the hand of the Buddenbrooks] (p. 45; Woods, p. 40) is identified as constituent of the original 'natural' Buddenbrook physiognomy, and his physique is replicated by other family members and vicariously reflected in them. Curiously, even his wife has developed a 'wunderliche Ähnlichkeit' [her features had curiously become very like her husband's] (p. 10; Woods, p. 4). On the whole Johann's physique is suited perfectly to the life of a successful rational bourgeois merchant at the time and the current wealth and social importance of the Buddenbrook family have to be credited to Johann's ideal personality.

The idea of physical perfection creates an association with Greek sculpture and the ideal of male beauty, which has been made frequently by critics in the context of Mann's work. However, the idea of physical perfection also invites association with the nineteenth-century striving to establish the *Normalfunktionierenden* by means of the 'quantifizierende Normierung'

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26 Thomas Mann, *Buddenbrooks*, in *Gesammelte Werke*, ed. by Peter de Mendelssohn and Peter Bürger, 2nd edn, I, p. 754; Woods, p. 725. All further references to this edition and the English translation are given after quotations in the text; please note in the German text 'Wege' it is just 'Wege' which means one path as translated above.

[quantifying standardization] of man, as Thomas Rütten observes.<sup>27</sup> Mann's focus on Johann's hand could thus be seen as representing a variation of Galen's body concept of the 'perfect form' described in his book *On the Usefulness of the Parts of the Body* and Galen's conclusion that 'it [the hand] would not have been better had it been made differently'.<sup>28</sup> This reflects the Greek assumption that the body is the microcosm of nature's 'grand order'.<sup>29</sup> Galen is of the opinion that nature acts providentially and 'does nothing in vain' [with reference to Aristotle].<sup>30</sup> Mann establishes Johann's body in its refinement and vigour as the 'perfect form' of the bourgeois merchant. Johann's 'rosy cheeks' symbolise heartiness, alacrity and promptness in business whilst the hand indicates a refinement which finds expression in 'inwardness', producing a healthy balance. Thus, relatively early on in the novel, Mann places the medicalized body central in this family portrait, and introduces through the reference to Johann's wife one of the most important themes in the whole book - namely, the theme of vicarious living, which implies that the characters in the book foreshadow and live through another's destiny manifested in their bodies,

The bodies and faces, their 'geography', as well as the Galenic notion of providential nature, is introduced before the narrator moves on to actually localize the scene in the 'Landschaftszimmer' [landscape-room] and the garden of the new mansion (p. 12; Woods, p. 5). The generational conflict between enlightenment rationality and the romantic longing to be overwhelmed enters the narrative when father and son discuss whether the garden should be trimmed or not. The father feels he has 'das Recht, sie nach meinem Belieben herzurichten' [I'll be hanged if I don't have the right to tidy it up just as I please], moving to impose his will upon it. Jean, his son, holds that the individual 'gehör[t] der Natur' [belong[s] to nature] and should not impose one's willpower in this way (p. 32, Woods, p. 26). Later the father will prompt Jean not to show 'Sentimentalität' [sentimentality] (p. 49; Woods p. 44), making clear that he thinks a person should be governed by reason rather than sentiment.<sup>31</sup> Through Johann the elder certain ideals are thus established, those of enlightenment rationality, the perception of the body as the grand invention of nature, and the body as the physical constituent of identity. His round, rosy, double-chinned face truly is the archetype of what Rita Charon calls, in reference to Galen, 'the perfect form' against which the degenerate bodies of the following generations will be judged signifying the 'inherent instability of bourgeois patriarchy', as Elizabeth Boa pointed out.<sup>32</sup>

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27 Thomas Rütten, 'Krankheit und Genie. Annäherungen an Frühformen einer Mannschen Denkfigur', in *Literatur und Krankheit im Fin de Siècle (1890-1914)*, ed. by Thomas Sprecher, Thomas-Mann-Studien, 26 (Frankfurt a. M.: Vittorio Klostermann, 2002), 131-170 (p. 155).

28 Galen, *On the Usefulness of the Parts of the Body*, trans. by Margaret Tallmadge May, 2 vols (Ithaca: Cornell University Press, 1968), I, p. 72.

29 Porter, *The Greatest Benefit to Mankind*, p. 54.

30 Galen, p. 72.

31 Art. 'sentimentality', *OED* <<http://www.oed.com.catalogue.urls.lon.ac.uk/view/Entry/176061?redirectedFrom=sentimentality#eid>> [accessed 9 June 2013].

32 Rita Charon, 'To Build a Case: Medical Histories as Traditions in Conflict', *Literature and Medicine*, 11/1 (Spring 1992), 115-132 (p. 119);

Yet, the idealized family head is soon challenged. The central scene of the first part of the novel is a big family dinner party. In its overabundance it invites association with more than just the physical act of eating, but with what Johnson called ‘that hunger of imagination, which preys incessantly upon life; this hunger must always be appeased by some employment’, in this instance by huge amounts of heavy food, which address a *sentimentalisch* longing which is soon to become an important element.<sup>33</sup> In the household of Johann Buddenbrook there reigns a curious mixture of rational enlightenment thinking and *disturbance*, a tension that is mirrored in the physical. Johann’s well-fed body contrasts with those of the third generation, his grandchildren Klothilde and Christian. Christian, Konsul Jean’s younger son, hysterically proclaims after dinner: ‘Ich will nie-mals wieder etwas essen!’ [I never want to eat again] (p. 37; Woods p. 32). He lacks the ability to digest properly the heavy bourgeois meals. At the Buddenbrook dinner table, despite its abundance, some of the children even go hungry. Poor cousin Thilda devours great quantities of food but instead of gaining weight remains ‘hungrig und mager’ [hungry, and skinny], directly reflected in her poor intellectual abilities (p. 33; Woods p. 27). With diet being put forward to explain bodily disorder, an ontological understanding of illness is displayed here, which conceives of illness as an outside intruder.

Some children, however, are even missing from the table altogether. Before dinner Johann’s younger son Jean touches his left breast where the letter from his stepbrother Gotthold is kept. Gotthold, the son of Johann the elder and his first wife Josephine, who died when giving birth to him, has been shunned from the family because he wanted to marry for love and is now demanding his share of the inheritance. Jean’s clenched teeth indicate a fierce will not to let ‘the prodigal son’s’ refusal to be ‘vernünftig’ [reasonable] and marry for business ruin the evening (p. 21; Woods, p. 44).<sup>34</sup> The letter wanders back to its place over his heart and he joins the family. After the party, however, Jean speaks to his father in private demanding he maintain family unity and be reconciled with Gotthold; to support his case Jean alludes to Matthew 12,25: ‘keine Familie, die in sich gespalten ist, wird Bestand haben’ [A house divided against itself cannot stand] (p. 50; Woods p. 44). Despite this, by the end of their conversation, and in an act of loyalty with his father, he encourages the unfair treatment: ‘Nein Papa [...] Ich muss Ihnen abraten, nachzugeben!’ [No, Papa [...] I must advise against your giving in], thus leaving Gotthold disowned and excluded from the abundance of the family table. The father depicted here is not at all like the good, enlightened father practising Christian forgiveness (p. 50; Woods p. 44). Gotthold’s fate indicates the beginning of a practice in the family that seeks to conceal or ignore various family members. It also foreshadows Thomas Buddenbrook’s later concealment of his inner collapse and thus raises the issue of vicarious living again.

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Elizabeth Boa, ‘Buddenbrooks: Bourgeois Patriarchy and *fin-de-siecle* Eros’, in *Thomas Mann*, ed. by Michael Minden (London: Longman, 1995), 125-142 (p. 131).

33 Samuel Johnson, *Rasselas and Other Tales*, in *The Yale Edition of the Works of Samuel Johnson*, ed. by Gwin J. Kolb, 23 vols to date (New Haven: Yale University Press, 1993), XVI, p. 118.

34 Luke 15.11-32.

The Buddenbrook clan rigorously attempts to cast out members who might endanger the power position of the family or diminish its wealth. Gotthold has disgraced his ancestry as well as his family and must be cut off for that reason, as later will be Toni's first husband. This strategy Mann presents as highly destructive. However, typically for Mann, by hinting at the parable of the lost son through the narrative of Gotthold's banishment connotations of progress are also carried. Born in the same year as Mann, the German poet Rainer Maria Rilke (1875-1926) later imagined the position of the lost son to be one of opportunity to free oneself from tradition, asking 'Ist das der Eingang eines neuen Lebens?' [Is it the beginning of a new life?].<sup>35</sup> In Mann's novel the reader is left with the conflicting images of the perfect form represented by Johann the elder, whilst his morality attains a dubious status. Thus the 'perfectibilist' and normative outlook on man as advocated in nineteenth-century culture is challenged.<sup>36</sup> The main characters' bodies and morality both now bear defect but, simultaneously, also the opportunity for growth – a theme Philip Roth will take up in his discussion of fate in his novels *Everyman* and *Nemesis*.

At the dinner party we already see the bourgeoisie having become averse to its own culture, or even shunned from it as in the case of the lost son Gotthold. In the light of these developments Johann now becomes an ambiguous representative figure of enlightenment order. Gotthold alerts the reader to Johann's inability to determine how his legacy will be transmitted down through the generations. This shift and challenge to bourgeois identity is represented by an onset of bodily disturbance – allegorical and physical. It points to a more complex reason for the downfall of the family than the models of progressive degeneration as phenomenon of Fin de Siècle society can provide.<sup>37</sup> Through the absent figure of Gotthold it becomes clear that the scene of familial conflict, which has caused the estrangement and 'that hunger', must lie in much earlier events.

In a scene of happy domesticity due to the birth of his second daughter Clara in 1838, Jean takes up the 'Familienmappe' [leather writing case] to make a note of the event (p. 53; Woods p. 50). The 'Familienmappe' is the family chronicle and forms a crucial record of case histories. Illnesses are mentioned briefly: measles, jaundice, chickenpox and smallpox. There is a name for every disease and a god-given ending to every story (p. 57; Woods p. 54). Up to this point, illness and recovery have been treated as evidence of God's blessing and the strong family heritage recapitulating stories of birth and survival. However, the meaning is not straightforward any more at this point and the case histories recounted in the *Familienmappe* turn into a 'third space' where meaning is ambiguous. When Jean reads his previous entries his eyes become moist and he admits 'Ich könnte gar vieles anführen [...] wenn ich gewilligt wäre,

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35 Rainer Maria Rilke, 'Der Auszug des verlorenen Sohnes', in *Neue Gedichte* (Leipzig: Insel-Verlag, 1911), pp. 17-18.

36 Vickers, *Coleridge and the Doctors*, p. 35.

37 With the 'etwas nervösen Bewegung' of Jean, Mann suggests the course of increasing bodily disorder the novel will take. Mann, I, p. 11; Woods, p. 5. Woods translates 'nervöse Bewegungen' with 'The consul fidgeted', occluding the original meaning of the word 'nervous'.

meine Leidenschaften zu entdecken' [Were I of a mind to disclose them [...] I could reveal particulars of my passions] (p. 56; Woods p. 52). He abruptly stops reading here. Instead, he turns to older entries by his father recounting the times when Josephine, his father's first wife, was pregnant with Gotthold. There is a shift in narrative tone here, breaking with the simple and pragmatic voice of the chronicle. Jean finds 'Wunderliche Bermerkungen' [curious remarks] written down by his father in regard of Gotthold's birth, remarks which hint at the ability of case language to contain deviation from normality. In his own words Jean tells the reader that 'das Wesen' [this new creature] imposed 'gräßliche Schmerzen' [terrible pain] on the mother, leading to her death in child-bed (p. 57; Woods p. 53). The term *Wesen*, rather than conveying the humanitarian story of another, raises doubts as to the humanness of the being that provoked Josephine's death. This image evokes associations with gothic horror tales and Victor Frankenstein's monster.<sup>38</sup> Jean's retelling of the story creates the notion of the baby as somehow alien, even a creature. In a manner typical for the Fin de Siècle a relation between pathology and identity is established. Unlike the 'horrid' and unnatural being, which Frankenstein brings to life, Gotthold, his father observes grimly, is healthy and physically normal – a well-proportioned and lively child.

Johann cannot accept the fact that a healthy boy grows from his wife's deathbed and that health should be given to someone who has taken the life of his beloved wife. In stigmatizing little Gotthold as a monster, Johann Buddenbrook 'petrifies him into an otherness' that the mind can hardly fathom.<sup>39</sup> Jean, on the other hand, wonders why his father has not, instead, transferred the love for his wife 'zärtlich auf das Wesen' [to the child]. Instead the father projects his irrational response and grief for his wife onto baby Gotthold's healthy body when he refers to him as 'Zerstörer' [the person who had wickedly destroyed] (p. 57; Woods, p. 53). Through this stigmatization Gotthold, like Frankenstein's monster, is to stand between the father and 'the normative world he [Johann] longs to rejoin'.<sup>40</sup> Johann gives in to his immoral disdain for the child. Furthermore, through Johann the elder's behavior, Schopenhauer's notion of enlightenment reason being 'frustrated by the body' and its weaknesses, emerges.<sup>41</sup>

At this point in the narrative, illness is far from having been turned into an elevating experience as it will later be in 'Goethe and Tolstoy'. Josephine's pain is depicted as simply 'gräßlich' [terrible], and her head is 'blutleer' [bloodless] in the end, pointing to loss rather than gain (p. 57; Woods p. 53). However, simultaneously, through Jean, the passage evokes the notion that reading about bodily suffering can transform the reader. The act of reading provokes emancipation, when Jean starts to question his father's decisions. The experience of both, reading and retelling the story of the family body raises a heightened sensitivity in Jean.

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38 Mary Wollstonecraft Shelley, *Frankenstein or the Modern Prometheus. The 1818 Text*, ed. by Marilyn Butler (Oxford: Oxford University Press, 1998).

39 Paul Sherwin, 'Frankenstein: Creation as Catastrophe', in *Bloom's Literary Themes: The Sublime*, ed. by Harold Bloom and Blake Hobby (New York: Infobase Publishing), 65-88 (p. 79).

40 Sherwin, p. 79.

41 Bell, *The German Tradition of Psychology in Literature and Thought*, p. 211.

Reading his father's account of his brother's and stepmother's 'medical cases' raises conflicting impulses of identification and dis-identification in him. Philip Roth takes up this trope of the chronicle of cases in Hermann Roth's oral account of the family illnesses in *Patrimony*. In the case of both sons, Jean and Philip, the monolithic self of the father generation raises moral questions for them, and the fathers' narratives turn out to be insufficient as a mode to explain suffering.

The free indirect discourse on the bodies in the Buddenbrook household, rather than being informed by the clinical realism of the nineteenth century and the notion of the 'mindless body', is embedded in a language that invokes a sense of an ontological, pre-Virchow understanding of disease as intruder.<sup>42</sup> Jean adopts his father's idea of the 'Mord der Mutter' [matricide] by the 'Zerstörer' [the person who had wickedly destroyed his happiness], suggesting a mythical conception of illness and death and framing it in curious terms as a 'spectacle' (p. 57; Woods p. 53). The discourse on Josephine's death thus collides with the air of rational enlightenment Johann the elder otherwise tries to establish in the house. It is contrasted with Johann's rational decision to marry Antoinette Duchamp and establish a loving relationship with his second son and future head of the firm Jean Buddenbrook. Hence the founding story of the family body as conveyed by the *Familienmappe* is characterised by an ambiguous notion of enlightenment rationality embedded in a curious conception of the body.

After his contemplations Jean rejoins the family around his newly born daughter Clara. When his parents bend over the baby he finds her hands resemble 'Hühnerklauen' [chicken's claws] (p. 49; Woods, p. 55). This description links Clara's hands with the finely detailed hands of Jean and anticipates Clara's later religious fanaticism. More importantly, however, the chicken creature resonates with the image of the horrid creature, Gotthold, evoked by Johann the elder (p. 59). Thus in her father's imagination Clara's birth turns from a sign of God's blessing into the embodiment of on-setting decline. Mann shows here how the father's perception is shaped by subjectivity. He suggests that Jean's inner predisposition makes him see disfigurement where none is and projects 'a bizarre symptomatic return of the repressed' onto his daughter's body.<sup>43</sup>

With the analysis of this scene it becomes evident why 'the perfect form' of the Buddenbrooks family body comes to be challenged. The disordered body represents more than just progressive degeneration; rather, bodies become spaces for the imagination mirroring the conflicts arising between the generations. Johann the elder, as the initiator of dissolution, transforms the following generations by committing the biblical sin of rejecting his son. The Galenic perfect form of the body is then challenged through Johann the elder wishing for his son's deformed body. The younger generation seeks unity with the father and the retrieval of the

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42 Hurwitz, 'Form and Representation of Clinical Case Reports', p. 233.

43 Sherwin, p. 69.



perfect form.<sup>44</sup> Nevertheless, Jean turns his healthy daughter Clara into a curious case imagining her hands as ‘Hühnerklauen’. At this point the discourse on bodily disorder is not yet cast in medical language, but the body is still very much conceived as a space where God’s will is enacted.

Overall, the experience of bodily disorder at this point in the text has the effect of enhancing the perceptiveness of the mind and creative imagination. The disordered body has become a source for stories and a means for the individual to deal with moral struggle and loss. The body in decline is thus the site where, in the following generations through a growing *sentimentalisch* longing to find alternative ways of interpreting reality, the question of art can arise. Now the family is overwhelmed by new forces and the case of each family member becomes an individual story of suffering. Nature’s providence has been ruled out by a sense of modern individualization and separation from the perfect form.<sup>45</sup> The once sufficient family chronicle has turned into an archive of medical case histories concerned with medical phenomena which cannot easily be subsumed within the system of the Buddenbrook identity. With the Gotthold incident the chronicle contains a story that reveals moral flaw instead of contributing to the fame of the family but also initiates introspection in Jean. Amongst other imaginative spaces, the medical case history thus serves to enunciate the reciprocal double-movement of degeneration and insight, which is to propel the action of the novel from now on.<sup>46</sup>

The illnesses and deaths of the first and second Buddenbrook generation illuminate the moment when Mann starts to depict more fully his characters as ‘medical cases’ and when the bodies, cast in a system of enlightenment belief in order and mortality as God given, change into bodies displaying symptoms unknown to that system. Rather than categorising the arising physical predisposition for illness as a sign of hereditary degeneration, I propose a more nuanced view of Mann’s appropriation of physical disorder, one taking into account the status of different medical traditions of writing that shine through his narrative. The question arises as to whether the doctors arriving at the bedside only function as caricatures, or if clinical medical discourse takes on a crucial role as the scientific way out of the degenerate evolution of the Buddenbrook family.

In Josephine’s case it was still destiny personalised in ‘das Wesen’, rather than the physical weakness of the body which could possibly be helped by doctors that killed her. But the doctors are not long in coming. At the family dinner, Doktor Grabow describes the ideal life and death as lived by the forefathers of the Buddenbrook family:

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44 In *Verfallskrankheit* Max describes Johann as ‘Initiator des Verfalls’ and suggests that already in Jean biologically determined signs of decay appear. However, she ignores that decline in the novel is never tied to the biological dimension only but rather is grounded in a changed gaze. Max, *Verfallskrankheit*, p. 83.

45 Galen, p. 252.

46 Terence J. Reed, ‘Thomas Mann und die literarische Tradition’, in *Thomas-Mann-Handbuch*, ed. by Koopmann, 95-136 (p. 100).

Er hatte, so jung er war, die Hand manches wackeren Bürgers in der seinen gehalten [...], der [...] plötzlich und überrascht in seinem Kontorsessel oder nach einigem Leiden in seinem soliden alten Bett, sich Gott befahl. Ein Schlag, hieß es dann, eine Lähmung, ein plötzlicher und unvorhergesehener Tod.

[Young as he was, he had held the hand of many a stalwart citizen [and] whether death came suddenly and unexpectedly in his office chair or after he had suffered a while in his own solid bed – had commended his soul into God’s hands. A stroke he would say, a paralytic stroke, a sudden unpredictable death.] (p. 37; Woods, p. 32.)

Through the description it becomes clear that the doctor sees himself as safely embedded within bourgeois society, meeting the needs of his rich patients to a degree that does not challenge tradition. In this scene the medical professional is closely associated with the bourgeoisie and identified as belonging to the cast of ‘die ärztlichen Machthaber’ [the medical power elite].<sup>47</sup> Here proleptic irony brings forth the anticipation of Thomas’s death in many years’ time and hence, for once, the doctor is portrayed as a knowing figure and chronicler of bourgeois life.

However, before Thomas attains his place at the centre of the narrative we hear of Johann’s death. Within only fourteen days a ‘kleiner Frühlingsschnupfen’ [a case of spring sniffles] brings death for Johann the elder shortly after his wife’s decease (p. 73; Woods, p. 69). His death conveys a sense of order as opposed to the chaos surrounding Josephine’s death. But the notion of ‘de Ordnung’ [public order] is challenged by the interjection of the 1848 revolution into the text (p. 192; Woods p. 188). Konsul Kröger dies the night the revolution breaks out. Even though Konsul Kröger’s face is transformed by his sudden physical collapse into a ‘Greisengrimasse’ [stupid grin of an old man], the narrator concludes that death brought about by illness is neither weak nor obscene – ‘er war bei seinen Vätern’ [he had joined his fathers] (p. 197; Woods, p. 194). Still, this death indicates that the orderly world of the fathers is now being challenged by social upheaval.

Jean is the first Buddenbrook who feels a desire to make sense of contingency in the face of physical decline. A direct correlation between his sickness and his growing Evangelicalism is established when the narrator observes that ‘des Konsuls fromme Neigungen traten in dem Grade, in welchem er betagt und kränklich wurde, immer stärker hervor’ [with each added year and each new ailment the consul’s pious leanings grew increasingly more fervent] (p. 242; Woods p. 235). In the case of Jean, illness and decline are constructed as chronic rather than temporary, with illness becoming a means to measure time. Furthermore, bodily disorder is setting in motion an epistemological urge that seeks a return to the ‘perfect

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47 This is an expression Mann uses in a letter to his brother Heinrich Mann, 17 December 1900, in *Thomas Mann Briefe I. 1889-1936*, ed. by Erika Mann, 3 vols (Frankfurt a. M.: Fischer Taschenbuch Verlag, 1979; repr. Frankfurt a. M.: Fischer Verlag, 1995), I, 17-19 (p. 17).

moral form', not by means of reason but through the reconsideration of religion.<sup>48</sup> After reading the *Familienmappe*, Jean turns to another fundamental text, in this case one that is God-given; the Bible.<sup>49</sup> At this point in the text, parasitic clergymen appear, exchanging salvation for food and worldly indulgence and eclipsing the doctors, who will later dominate the end of life care. In the summer of 1855, Jean eventually dies a sudden and untimely death through what seems a stroke. There is not even enough time to notify Dr. Grabow. The voice of medicine is thus again denied authority. Instead a biblical scenario is evoked. A moment of complete silence is followed by exertion, the thunderstorm, and then 'Abspannung' [release] (pp. 247-248; Woods p. 241).

Whilst Johann the elder said his goodbyes and turned towards the wall dying a silent death, a loss of control seems to have taken hold of the family. At the moment of his death Jean is subject to a greater will than his own, as reflected through Clara who remains afterwards 'erstarrt in Schmerz und Gottesfurcht' [she seemed frozen with grief and the fear of God] (p. 252; Woods p. 247). When Line, the maid, recounts that her master 'kann nicht reden und kiemt man immer bloß so' [can't talk but jist keeps gulpin' away] (p. 249; Woods p. 242), death seems to have taken on a modern form of weakness and regress, as suggested by Baumann.<sup>50</sup> The notion that religion can contain illness and death is challenged here as Jean's death is the first incident of bodily disturbance, which resonates further in the narrative and seems difficult to integrate. It becomes a 'case' in the classical narrative sense, as a medical condition is presented that withstands full comprehension and therefore turns into material treated in a case history.

Christian, the younger son of the consul, upon his return from South America, begs his sister Tony and maid Line to tell him about the exact circumstances surrounding his father's death over and over again. 'Also gelb sah er aus?' [So he looked yellow?], he asks with a mixture of unease and newly awakened curiosity in his father's body (p. 260; Woods, p. 254). Through his investigations into the father's last moments and the physical details of his dying, Christian displays what one might call the desire to speak the sick body in a precise manner; this reflects the clinical realist endeavour to develop an objective language for medicine that only superficially covers up a curious interest in the spectacle of death. Within Christian's narrative the father's body does not become 'a common ground for feeling' as in a humanitarian narrative, but its very opposite, signifying isolation and detachment.<sup>51</sup> Christian thus challenges the notion of the humanitarian narrative, revealing the two-sidedness of 'feeling vicarious[ly] through' another body: sympathy and vampirism.<sup>52</sup> Through Christian, who displays the dilettante's lack of real medical knowledge and emotional understanding of his father's story,

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48 Charon, 'To Build a Case', p. 119.

49 Max Nordau, *Entartung*, 2 vols (Berlin: Verlag von Carl Duncker, 1892), I, p. 177. Nordau categorises 'Glaubensschwärmerei' [religious sentimentality] as symptom of degeneration.

50 Baumann, p. 137.

51 Laqueur, p. 190.

52 Ibid., p. 173.

the telling of clinical tales is rendered as morally ambiguous. Pseudo-medical discourse and curious elements serve to fill the void left in the wake of Johann the elder's demise. Yet, as regards art, the medical-cum-curious discourse of Christian proves more elliptic than creative.

Christian's longing for a language that conveys medical detail and the excessive imaginations of his own body as sick in the form of his hypochondria is contrasted with his brother Thomas's refusal to register bodily defect at all. This becomes evident when one of the last representatives of the parents' generation, Bethsy, falls gravely ill. This time illness is long and the dying process difficult and painful. Now the doctors enter the stage and for the first time attain a central position at the bedside. Doktor Grabow's earlier foreboding 'Ich werde wohl zu tun bekommen' [Looks as if I will have some work to do] finally comes true (p. 18; Woods p. 12). The responsibility for the last things is shared now between religion and medicine; yet, with Bethsy's interest lying solely in the conversations with the doctors, medical discourse has superseded dismal Evangelical hopes for redemption and relief. The belief in science, it seems, has taken over what religion once claimed for itself: salvation. The new authority is medical and takes on the challenge of interpreting the life and the body.

Despite the prime position of the doctors at the bedside, medical discourse is uncovered as primarily dehumanizing, rather than providing cure. The 'language of survival', geared towards making more profit from the sick person, reveals the doctors as agents of their own selfish interests.<sup>53</sup> Rather than to follow a 'realist methodology' and convert the symptom into a sign, that conveys epistemological knowledge, they do everything they can to conceal the true meaning of Bethsy's pneumonia.<sup>54</sup> They translate the condition into Latin and divide it up into single curable symptoms like 'Husten', 'Fieber', 'Atemnot' 'Auswurf' [cough, fever, difficulty in breathing, sputum] (p. 556; Woods p. 542). As the diagnostic term is deconstructed and broken down into controllable single symptoms, the doctors create a euphemistic language that ameliorates the idea of a life-threatening disease. This confirms the modern notion of death as illness that can be cured. The doctors turn into the representatives of a hollow sympathy; whilst at the end of the consultation the doctors conduct a casual conversation on the economic situation in the country, delighting in the fact that the end of the war will bring 'Geld im Lande' [Money in the country]. Dr. Grabow even puts on a false laugh when he shakes Thomas's hand and once again the narrator hints at their cold professionalism (p. 558; Woods p. 543).

With the depiction of the doctors as quacks and unempathetic professionals of science an important motif of the novel comes to the fore: the incompetent, ruthless doctor. The question arises as to whether this image, rather than representing an ironic caricature only, does not also connect to a much broader Mannian contempt for the 'Entzauberung' [disenchantment] of the world of disease through the onset of medicine as science and the rise of clinical realist

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<sup>53</sup> Bauman, p. 130.

<sup>54</sup> Kennedy, *A Curious Literature*, p. 143.

writing.<sup>55</sup> Soon an ambivalence as regards the language of science comes to the fore in the family; Thomas's analytical mind cannot be deceived by the adept rhetoric of the two doctors, yet he still translates the diagnosis as follows:

Sie haben gesagt, daß unsere gute Mutter in ein paar Tagen wieder auf den Füßen sein wird. Daß du das noch nicht kannst, weißt du, das liegt daran, daß dieser dumme Husten natürlich die Lunge ein bißchen angegriffen hat.

[They said that our dear, good mother will be up again in a few days. The wretched cough is responsible for you lying here. The lung is of course slightly affected.] (p. 559; Woods p. 454)

Thomas belittles the disease when he closes with the assertion 'es ist nicht gerade Lungenentzündung' [it is not exactly inflammation]. By this point the term 'Lungenentzündung' has been turned into pneumonia, various singular symptoms and its opposite 'not exactly inflammation' pointing to the inadequacies of medical explanation. Thus Mann's narrative emphasises a referential gap between the physical symptom and diagnosis, the sign.<sup>56</sup> Thomas expresses mistrust for positivist approaches to disease. Furthermore, one could say that he is telling a restitution narrative, as coined by Arthur Frank, the story of illness as a war that can be won.<sup>57</sup>

Mann's depictions of the deaths of the mothers, fathers and grandfathers illustrate that the old 'order' within the family is under threat, as symptoms develop which cannot be subsumed within the system of medical diagnosis. Simultaneously, so far unknown forces come to the fore, and questions of art and epistemology arise. The bodies of the family are overwhelmed by illness. At this point the doctors take a prime position at the bedside and turn into dubious figures of power. Whilst mortality becomes tied to individual cases in the form of symptoms the doctors now diagnose, the hospitalisation of death has begun.<sup>58</sup> Tom co-authors a case history of his mother and the narrator thereby reveals the defective body as a highly unstable product of competing narrative strategies, a shared locus of ambiguous meaning. The death scenes show that the nineteenth-century development of realist medical discourse and

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55 Max Weber would later coin this term when developing his theory of the formation of bourgeois society. Max Weber, 'Wissenschaft als Beruf, 1917/1919; Politik als Beruf, 1919', in *Max Weber-Gesamtausgabe*, ed. by Wolfgang J. Mommsen and Wolfgang Schluchter, 32 vols to date (Tübingen: Mohr Siebeck, 1992), XVII: Reden und Schriften, 1-24 (p. 9).

56 Meegan Kennedy points out that the medical case history functioned as the 'mechanism which performed the translation from 'symptom' to 'sign''; Kennedy, *A Curious Literature*, p. 143; Thomas's narrative reflects a critique of the optimism of Fin de siècle medicine which is also detectable in Chekhov and Proust. These two writers replaced the heroic style of the doctor-authors with a narrative of doubt as the twentieth-century major advances were not yet in sight and the doctor without the assistance of the detective or the artist was conceived of as 'partially sighted'. Michael Neve, 'Medicine and Literature', in *Companion Encyclopedia of the History of Medicine*, ed. by Porter and Bynum, II, 1520-1535 (p. 1532).

57 Frank, *The Wounded Storyteller*, p. 100. The restitution narrative will reappear in Philip's dialogue with his father delivering the news of his disease in *Patrimony*.

58 Bauman, p. 139.

mechanical observation, based on scientific evidence and the attempt to demystify illness, is met with reluctance by Mann's character Thomas, who is eager to veil whatever defect may arise.<sup>59</sup>

Told from the perspective of the male members of the third generation, Christian and Thomas, the author draws on medical traditions such as the curious spectacle of illness which collide with the attempt to impose objectivity and positivism on the young science 'medicine'. With the ironic depiction of the doctors the narrator contributes to this impression the text gives. The narrator is suspicious of the demystification of bodily disorder through medicine which shows in his contempt for the doctor figures. On the level of the characters though medical realism affords Mann the possibility to reflect on his evolving aesthetic position and thus attains and ambiguous role.

### **2.3.1 Thomas and Christian Buddenbrook – new cases**

The exploration of the sick body takes on an even more prominent role in the third Buddenbrook generation, for whom bodily disorder has turned into the means to measure a life and consider the possibility of art in it. In the novel the body comes to the fore the more it differs from 'the perfect form', a development that augments with each new Buddenbrook generation. In Thomas, the grandson of Johann the elder, pathology becomes the frame to narrate a life and is closely linked to a further refinement of the senses and *sentimentalisch* longing. The presentation of medical histories in the third generation becomes an ambiguous textual play on the clinical realist mode offering a view outside the degeneration paradigm. Mann's ambivalence towards medical discourse and clinical case depiction culminates in the character of Thomas, as he is cast as a medical case and simultaneously tries to resist being identified as such.

Over the course of the novel the narrator's diagnostic gaze provides the reader with the various symptoms Thomas suffers from, delivering a protracted diagnosis. Similar to the doctor the reader has to assemble the diverse symptoms and reach a diagnosis. We first hear about Thomas's health problems from Jean in a letter to Thomas, who is staying in Amsterdam. As in Clara's case, the father here remains the authorial voice on the children's health when he writes to his son that 'Bei alledem schmerzt es mich, daß Deine Gesundheit sich nicht völlig auf der Höhe befindet.' [It grieves me nevertheless, to hear that your health is not of the best] (p. 174; Woods p. 172). Thomas bears the burden of being a Buddenbrook, as 'Er war nicht nur er selbst; man ehrte in ihm die unvergessenen Persönlichkeiten seines Vater, Großvaters und Urgroßvaters' [People honoured in him the unique and unforgettable contributions of his father, grandfather, and great-grandfather] (p. 410; Woods p. 402). Thomas's feeble health is closely associated with his father when Jean writes 'Was Du mir von Nervosität geschrieben, gemahnte mich an meine eigene Jugend.' [What you write [to] me of the state of your nerves reminds me

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59 This strategy can be related to Gotthold and the Buddenbrook tendency to conceal various members of the family and foreshadows Thomas's concealment of his inner collapse.

of my own youth] (p. 174; Woods p. 172). Only indirectly does the narrator inform the reader that, in 1850 whilst staying in Amsterdam, Thomas has suffered from a ‘Lungenblutung’ [bleeding lung] requiring his father’s care and assistance (p. 211).<sup>60</sup> Afterwards Thomas is sent to Pau in France where, far away from the father’s guidance, he seeks a remedy other than religion for his pains.

Upon his return from France the reader is told about Thomas’s progressive newly acquired liking for certain ‘moderne Schriftsteller satirischen und polemischen Charakters’ [certain modern writers of a satiric and polemic character] (p. 236).<sup>61</sup> Thus in Thomas, for the first time, bodily disorder is directly associated with a refinement of the intellect and an aesthetic dimension is attributed to suffering. The body becomes a site of intellectual usurpation as it initiated the act of reading.<sup>62</sup> Once again illness reveals unknown forces. Thomas’s awakened liking for art is met with contempt by his father, who remains the dominant narrative voice in this episode. The grandfather’s imperative of ‘no sentimentality’ is echoed here and Thomas comes to realise that one is meant to hide one’s ‘Leiden’ [suffering] instead of exploiting it intellectually (p. 654; Woods p. 633). The grandson is reminded of his duty as a representative of bourgeois wealth and direct his willpower towards sustaining it and stabilizing the patriarchal, bourgeois system (p. 233; Woods p. 227).<sup>63</sup>

When Thomas is thirty-seven years old the narrator describes a ‘Nachlassen seiner Spannkraft, eine raschere Abnützbarkeit’ [losing his elasticity, was wearing himself out fast], and he soon feels the need ‘sich [...] zu erneuern, mehrere Male am Tage die Kleidung zu wechseln, sich wiederherzustellen und morgenfrisch zu machen’ [the need to refresh and renew himself, to restore the vigour of morning by changing clothes several times a day] (p. 419; Woods p. 411). Schopenhauer’s notion of the self-destructive will is represented in Thomas’s weakening health. As a reaction to the pressure of upholding the perfect form, he submits to his desire to enact an outward rebirth, displace corporeal decline and, as observed by Hanno later, put on a physical ‘Maske’ [mask] (p. 627; Woods p. 608). Wilhelm Griesinger (1817-1868), an eminent materialist medical psychiatrist, suggested in 1867 that in cases of mental disturbance it is wise to avoid ‘Alles, was ein Vorherrschen der Phantasie, was körperliche und gemüthliche Weichlichkeit, was eine zu frühe Entwicklung des Geschlechtstriebes veranlassen könnte’ [everything that could give rise to the dominance of the imagination, to emotional and physical

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60 The medically precise term, here ‘bleeding lung’, remains hidden behind broader terms in Woods’ translation ‘was hamorrhaging [from] the lung’; Woods, p. 207.

61 Woods translates ‘for certain modern writers who specialized in satire and polemic’; Woods p. 231. Here I think Helen Lowe-Porter’s translation is more fitting as quoted above: Thomas Mann, *Buddenbrooks*, trans. by Helen Lowe-Porter (London: Vintage, 1999), p. 194.

62 According to Harold Bloom reading can be seen as an act of usurpation of the old order; ‘we read to usurp’. Harold Bloom, *Agon; Towards a Theory of Revisionism* (New York: Oxford University Press, 1982), p. 17.

63 Around the same time Tony seeks refuge in the family home with her daughter Erika due to the financial collapse of Bendix Grünlich. From an independent life in Hamburg Tony admits her daughter Erika, representative of the next generation, into the care of superstitious Mamsell Jungmann. This indicates a return to a pre-enlightenment conception of illness and epistemology.

feebleness, to a premature awakening of the sex drive].<sup>64</sup> Such careful avoidance is evident in Thomas's controlling behaviour, and the fact that Thomas puts on a 'healthy' mask, can be read as a sign of a modern attempt to ban death from daily life. So too, as in the medical case history, Thomas's rituals render the body an object under (clinical) treatment.<sup>65</sup> In the acts of objectification and recognition, as executed by Thomas many times a day, the reader is presented with a character aiming to resist outside interpretation (diagnosis) and seeking to become the author (doctor).

Through the medical dimension, the sick body turns into an interpretive challenge, like a piece of art. Thus bodily defect now becomes the metaphor for the artistic enterprise, which is itself highly ambiguous to Thomas. His attempt to displace pathology stands for the failure of the family to find a proper place for artistic pursuits and inwardness. Not only through his wearing of a *Maske*, but also in his criticism of his brother Christian's obsession with the physical, Thomas expresses his ambivalence towards art and life:

Es wird immer Menschen geben, die zu diesem Interesse an sich selbst [...] berechtigt sind, Dichter, die ihr bevorzugtes Interesse mit Sicherheit und Schönheit auszusprechen vermögen und damit die Gefühlswelt anderer Leute bereichern. Aber wir sind bloß einfache Kaufleute [...]

[There will always be people for whom this sort of interest in oneself [...] is appropriate – poets, for instance, who are capable of expressing the inner life, which they prize so much, with assurance and beauty, thereby enriching the emotional life of other people. But we are just simple merchants] (pp. 265-266; Woods p. 259)

Introspection and self-obsession are thus committed to the realm of art and the *sentimentalisch* body becomes the outcast body. Thomas projects his own ambivalent feelings in regard to art onto his brother Christian, who is constructed as the hypochondriac antagonist to restrained Thomas. Christian is complicit with illness and cannot refrain from revealing 'sein Intimstes' [most [...] intimate things] in endless monologues on his latest aches and pains (p. 265; Woods p. 258). From earliest childhood days he has appeared as the 'Minnesänger' [wandering minstrel] of illness who suffers from a great variety of symptoms, such as indigestion, swallowing problems and later on from a 'beständige, unbestimmte Qual' [a constant, vague ache] (p. 450 and p. 404; Woods, p. 441 and p. 396). For Christian, the body is the source of obsessive imaginations of bodily defect, which he uses to avoid the real world.

In contrast, for Thomas the unruly body, plagued by Schopenhauerian forces of will, becomes the site at which to aesthetically locate repression and control. Rather than exploiting his sensitivity and widening the scope of his physical and artistic experience, Thomas denies

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64 Wilhelm Griesinger, *Die Pathologie und Therapie der psychischen Krankheiten für Aerzte und Studierende*, 2<sup>nd</sup> edn (Stuttgart: Krabbe, 1867), p. 475.

65 Tougaw, p. 10.



and masks the very gift he possesses out of fear of outside interpretation. He does not make use of bodily disturbance as a vehicle for art, for he fears being accused of what Schiller called ‘anmaßender’ [presumptuous] dilettantism.<sup>66</sup> Instead, he conceals it. So too, Thomas’s refusal to admit bodily defect and become a case reflects the ambivalence towards clinical discourse created in the novel. He is torn between, on the one hand, the acceptance of medical advice and possibility of leading the life of a healthy ‘Bürger’, and the growing physical weakness and a longing to give in to it and to a *sentimentalisch* way of imagining life that seeks to surpass reality.

Thomas creates a bourgeois image of himself meant to disguise his actual self, attempting thereby to circumvent any outside identification and ‘avoid becoming the object of either diagnosis or sympathy’.<sup>67</sup> The body turns into a somewhat ‘monstrously stable’ and ‘nondegenerational’ mask.<sup>68</sup> The figure of Thomas produces a twofold reaction in the reader: one feels for him, knowing the details of his suffering and childhood but at the same time there is a certain amount of detachment towards him, as Thomas wants to resist the reader gaining any knowledge of his past. Through Thomas, the author displays his own ambivalence towards humanitarian writing and he wants his characters to be seen as interpretive challenges, rather than decipherable patient figures. Instead of a seemingly objective clinical depiction the experience of physical defect is slowly transformed; it opens up new ways to satisfy the ‘hunger’, thus elevating illness into a metaphysical experience.

Up to this point in the novel Tom thinks that the fate of the family can be changed, by means of sheer willpower, and refuses to acknowledge ‘the will of the body’.<sup>69</sup> This links him to Bucky Cantor in Roth’s *Nemesis* and will be taken up in Part Five. Tom, however, does also express doubts as regards the strength of his willpower; he tells Tony:

Sowie hier drinnen etwas nachzulassen beginnt, sich abzuspannen, müde zu werden, alsbald wird alles frei um uns her, widerstrebt, rebelliert, entzieht sich unserem Einfluß. [The moment something begins to subside, to relax, to grow weary, then everything around us is turned loose, resists us, rebels, moves beyond our influence.] (p. 430; Woods p. 422)

Tom hints at the possibility of overwhelming chaos. By the end of the dialogue with Tony a decisive change has taken place. Rather than having reasserted his will to self-mastery, for the first time illness, weakness so to say, as acceptable ‘way out’ is considered. Upon

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66 Friedrich Schiller, ‘Über den Dilettantismus’, in *Schillers Werke. Nationalausgabe*, ed. by Benno von Wiese with comments by Helmut Koopmann, 42 vols (Weimar: Hermann Böhlaus Nachfolger, 1963), XXI: Philosophische Schriften: Zweiter Teil, 60-62 (p. 61).

67 Tougaw, p. 11.

68 Heather Seagroatt, ‘Hard Science, Soft Psychology, and Amorphous Art in *The Picture of Dorian Gray*’, *Studies in English Literature, 1500-1900*, 38/4 (1998), 741-759 (p. 752).

69 Arthur Frank, *At the Will of the Body: Reflections on Illness* (Boston: Houghton Mifflin Harcourt, 2002).

hearing of his sister Clara's illness he concludes: 'Aber wenn es Tuberkeln sind, so muß man sich ergeben' [But if it is tuberculosis, we shall have to resign ourselves to the worst] (p. 431; Woods p. 422). Thus in this particular moment illness comes to be considered as something that has to be accepted, as in the times of Johann senior, conflicting with Tom previous notion of illness as moral failure.

The willpower which has dominated Tom's life so far is now challenged by a much greater force. In 1874 he turns to Schopenhauer's first volume of *Die Welt als Wille und Vorstellung* [*The World as Will and Representation*] (1818) and comes to think the thoughts of his age.<sup>70</sup> He is grateful to attain from another, greater mind than his own 'die Berechtigung an der Welt zu leiden' [formal justification for having felt such suffering in this world] and to give in to chaos (p. 654; Woods p. 633). The turn to Schopenhauer is the attempt to free himself by means of philosophy. According to Schopenhauer, as Matthew Bell points out, the will is manifested in the body which seeks 'to survive and procreate' and thus 'morality is opposed to physical existence'.<sup>71</sup> Mann takes up this notion when he writes that the body is the 'bedauerliche Eruption des drängenden Willens!' [a blind, rash, pitiful eruption of the insistent assertion of the will] and needs to be overcome through death or art (p. 657; Woods p. 635). Hence, Mann emphasises art as the means of gaining consciousness over the will.<sup>72</sup>

But after reading Schopenhauer, Thomas is far from having appropriated art for himself. His willpower is weakened by his incessant struggle to represent the old order, wherein art and the inward looking psychological gaze are no options. The satisfaction deriving from art thus remains at a distance, and Schopenhauer's pessimism all-pervasive. Only later, in 1921, will Mann suggest in 'Goethe and Tolstoy' that the symptomatic body constitutes a site of creativity and metaphysical significance and, he will later write, becomes the means of proceeding 'ins Heilige' [towards the sacred].<sup>73</sup> Whilst in no way explicit, the possibility for the body to become this locus of metamorphosis is hinted at in this scene though. The body is no longer 'a sheet of plain glass' but a lens which opens up new horizons through 'Hemmung'.<sup>74</sup>

In this endeavour to explore the metaphysical significance of illness, the medical profession is stripped of any authority. At the end of Thomas's life, his distrust in the scientific conceptions of the body culminates in the scene at the dentist's, Dr. Brecht's. Unlike Langhals and Grabow, Brecht is not even able to simulate a sense of professionalism. Brecht grows pale in the face of the extraction he has to undertake (p. 677; Woods p. 654). Medicine has now moved from bedside rhetoric without many practical implications to inflicting excruciating pain, this motif evokes the description of Fanny Burney's mastectomy in 1812, a procedure she

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<sup>70</sup> Swales, *Buddenbrooks. Family Life as the Mirror of Social Change*, p. 74.

<sup>71</sup> Bell, *The German Tradition of Psychology in Literature and Thought*, p. 209.

<sup>72</sup> Martha C. Nussbaum, 'Nietzsche, Schopenhauer, Dionysus', p. 369.

<sup>73</sup> Thomas Mann, 'Goethe und Tolstoi', IX, p. 79.

<sup>74</sup> Virginia Woolf, 'On Being Ill', in *The Essays of Virginia Woolf*, ed. by Stuart N. Clarke, 5 vols (London: The Hogarth Press, 2009), V: 1929-1932, 195-208 (p. 195); Mann, *Briefe I*, letter to Kurt Martens 28 March 1906, 61-65 (p. 63).

describes very vividly in letter form.<sup>75</sup> In contrast to Burney, who dreads to ‘speak of this terrible business’, the narrator, rather than framing the experience as a gothic horror tale, develops poetic language in the face of unbearable pain and thereby turns it into a metaphysical experience.<sup>76</sup> ‘Übelkeit’ [he felt nauseated] evolves into the vision of his brain being taken up and swung in concentric circles before it is dashed against the ‘steinharten Mittelpunkt’ [stone-hard centre] (p. 680; Woods p. 657).

Once again the notion of vicarious living arises, as this scene evokes comparison with Jean’s death and the thunderstorm that forebode it. Furthermore, it refers back to old Kröger’s death, which was heralded by the throwing of a stone. The inside perspective – inside the mind and body of the character - now adopted by the narrator illustrates the novel’s inward turn. The ineffability of the patient experience is challenged through the inside perspective accompanied by a mythical reconceptualisation of the workings of the body and the mind. As in Burney’s case, the physician is revealed as helpless agent, horrified by the sufferings of his patient. Tom’s rapid physical decline and sudden death confirm the Nietzschean assumption that ascetic ideals, in this case morality and diligence, are futile and contradictory in the face of the power of the physical over the intellect.<sup>77</sup> Thomas is overwhelmed by his body and almost dies a public death by falling into the gutter and afterwards lying unconscious for days before he dies.

With his detailed account of Thomas’ changing body, Mann grants the third Buddenbrook generation far less privacy in matters of bodily defect than previous generations. He follows the expansion of medical discourse in its realist quest to provide ‘the detailed story of any pathology’.<sup>78</sup> But with Tom he has also created a character that seeks to subvert positivist modes of telling illness. Tom shows an ambivalent attitude towards being incorporated into a case narrative and in fact refuses it through the *Maske* of health. The critical debate over whether Tom is suffering from the Buddenbrook Syndrome or of neurasthenia confirms that Mann has created a character who resists becoming an easily readable case.<sup>79</sup> Thomas strives to avoid diagnosis and in so doing, guards closely the secret of the lost son. As a consequence of the denied chance to follow his intellectual and artistic propensities, he directs his conscious willpower towards the preservation of the perfect bourgeois form and creates his own fictional self. Illness and decline play a crucial as a motor for this reinvention of the self by Thomas Buddenbrook.

With Christian Buddenbrook, it transpires, Mann has created the antagonist to Thomas as regards the discourse on defect. The question arises as to whether Christian, the dilettante, is

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75 Fanny Burney, ‘Letter of 1812’, in *The Body in the Library: A Literary Anthology of Modern Medicine*, ed. by Ian Bamforth (London: Verso, 2003), 16-20.

76 Ibid., p. 19.

77 Oliver Geldszus, *Verzicht und Verlangen. Askese und Leistungsethik in Werk und Leben Thomas Manns* (Berlin: Köster Verlag, 1999), p. 179.

78 Tougaw, p. 30.

79 There has been dispute amongst literary historians whether the received critical reception is incorrect that the ‘Buddenbrook-syndrome’, a heart attack, led to the senator’s death or a stroke ‘Der Schlag’ [Stroke]; Max, p. 137.

able to 'sich bis zu dem höchsten erheben' [rise to the highest realms].<sup>80</sup> In his endless lamentations and storytelling solipsistic Christian becomes the *Minnesänger* of bodily disorder, who is in love with his own defective body, and enacting 'courtship' with it in his monologues. 'Ja' [Yes], he proclaims, 'es ist wahrhaftig wunderschön, ein Künstler zu sein!' [it [is] absolutely wonderful to be an artist] (p. 264; Woods, p. 258). Christian's relationship to the theatre is one of ambivalence though. He longs for and is simultaneously afraid of the stage. This conflict is converted into bodily symptoms: 'manchmal kann ich nicht schlucken' [sometimes I feel like I can't swallow] (p. 263; Woods, p. 257). Christian's love of the theatre associated him, in terms of Nietzschean thought, with a somewhat debased art form occurring within in 'Niedergangs-Kulturen [...], wo den Massen die Entscheidung in die Hände fällt, die Echtheit überflüssig, nachteilig, zurücksetzend wird' [in declining societies, wherever the mob is allowed to decide, genuineness becomes superfluous, prejudicial, unfavourable].<sup>81</sup> To Nietzsche theatre is 'nur ein *Unterhalb* der Kunst, immer nur etwas zweites, etwas Vergrößertes, etwas für die Massen' [the theatre is something lower than art, something secondary, something coarsened, above all something suitably distorted and falsified for the mob].<sup>82</sup> Yet, Nietzsche's influence here is, perhaps, tempered by that of Schiller who, although also critical of the theatre nonetheless acknowledges 'das Genie des Akteurs' [the genius of the actor].<sup>83</sup> After it has become clear that Christian cannot enter the stage and he has returned from his adventures in South America, his creative mind soon turns to his body in order to exploit it as a stage upon which to burlesque the family tragedy.<sup>84</sup> Through Christian Mann opts not to apply the mask allegory to remystify illness but rather lets Christian invent his illness as hysterical and hypochondriac spectacle. Bodily defect becomes Christian's way to relate to the outer world and his attempt to find the place for inwardness. Whereas Thomas identified the willpower to overcome tainted lived experience as his central motif, Christian accepts the body as prime source of knowledge. Through Christian the sense of health and the perfected body has been declared out of fashion and replaced by a dramatic act of hypochondria. The decadent notion of the dilettante culminates in him.<sup>85</sup> Wieler argues that, for the dilettante, art becomes a

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80 Johann Wolfgang Goethe, 'Der Sammler und die Seinigen', in *Sämtliche Werke. Briefe, Tagebücher und Gespräche*, ed. by Friedmar Apel and others, XVIII: Johann Wolfgang Goethe. Ästhetische Schriften. 1771-1805, 676-738 (725), translation: Johann Wolfgang Goethe, 'The Collector and His Circle', in *Goethe. The Collected Works*, Ed. by Gereay and trans. by Nardroff, III, 121-159, p. 154.

81 Friedrich Nietzsche, 'Der Fall Wagner. Turiner Brief vom Mai 1888', in *Der Fall Wagner*, ed. and with an afterword by Dieter Borchmeyer (Frankfurt a. M.: Insel Verlag, 1983), 95-123, here p. 117; translation: Friedrich Nietzsche, 'The Case of Wagner', in *The Complete Works of Friedrich Nietzsche*, ed. by Oscar Levy and trans. by J. M. Kennedy, 18 vols (Edinburgh and London: T.N. Foulis, 1909-1913), VIII, p. 33.

82 Nietzsche, 'Der Fall Wagner', p. 121; Kennedy, p. 39.

83 Friedrich Schiller, 'Ueber das gegenwärtige teutsche Theater', in *Schillers Werke. Nationalausgabe*, ed. by Blumethal and von Wiese, XX, 79-86 (p. 83).

84 In this respect Christian's case bears a resemblance to that of Freud's 'Dora' which Mann did not know at the time even though it was written around the conception of the novel. Sigmund Freud, 'Bruchstücke einer Hysterieanalyse', V, 163-315.

85 Michael Wieler, *Dilettantismus - Wesen und Geschichte: Am Beispiel von Heinrich und Thomas Mann* (Würzburg: Königshausen & Neumann, 1996), p. 351.

means to fill the inner void and produce a will that is otherwise incapable.<sup>86</sup> Even though Christian has the openness of the *bon vivant*, he lacks the discipline of the artist. Mann himself observed in 1906 in a letter to Kurt Martens ‘Daß heute einer ein Bonvivant und ein Künstler gleichzeitig sein könnte, glaube ich nicht.’ [I simply don’t think it is possible today to be a bon vivant and an artist at the same time].<sup>87</sup> At the same time Mann’s obvious aesthetic pleasure in creating the excessive dilettante Christian hints at an ambivalent attitude towards the concept linked to Schiller and Goethe and their discussion of whether dilettantism might be a useful prestige for art.<sup>88</sup> As in the case of Thomas, so too will Christian’s body narrative become both the catalyst for and the mirror of conflicting artistic propensities. For Christian the discourse on illness provides a refuge and the body turns into the only stage he dares enter. Unlike Thomas, however, he does not avoid interpretation and sympathy in the face of physical disorder but seems to invite it through a ruthless openness in regard to the physical.

It is by means of his excessive self-interpretation and fashioning of the discourse of his body that Christian renders the notion of the humanitarian narrative hollow and unstable. He presents his body as curious and constantly repeats his doctor’s observation that ‘an dieser Seite alle Nerven zu kurz sind’ [all the nerves on this side are too short], yet never arrives at a diagnosis (p. 404; Woods, p. 396). The patient is the curious spectacle and medical language, in the form of Christian’s adaptation of the doctors’ jargon, becomes incapable of helping him escape his hypochondriac solipsism. Even though he is occupied excessively with narrating illness, Christian’s lack of order hinders him from ‘sich durch eigene Macht aus seinem begrenzten Zustand in einen Zustand der Freiheit [das Ideal] zu versetzen’ [by his own might transporting himself from a limited condition to a condition of freedom].<sup>89</sup> In the end, where there is no artistic agency to install order, weakness of the willpower brings illness and death. In the ambivalence and the ‘Trotzdem’ [nevertheless] of his existence, Thomas is ‘der Held’ [the hero] and Christian can only be a comparably less interesting, because less torn, figure.<sup>90</sup>

### 2.3.2 The last generation – Hanno Buddenbrook

It is with Thomas’s son Hanno that Mann’s attempt to develop the illness theme as search for the artistic self finds its fullest expression. In Hanno’s case it becomes clear that the older generation casts a negative gaze upon the new generation. The three grown-up daughters of Gotthold are quoted as saying that ‘der kleine Johann zum Erschrecken langsam gehen und sprechen lerne’ [the little Johann was frightfully slow about learning to walk and talk], and they predict he will remain ‘stumm und lahm’ [mute and lame] (p. 422; Woods, p. 414). This characterization bears resemblance to an earlier Mannian figure, Johannes Friedemann who,

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<sup>86</sup> Ibid., p. 352.

<sup>87</sup> Thomas Mann in a letter to Kurt Martens, 28 March 1906, in *Briefe I*, 61-65 (p. 64).

<sup>88</sup> Johann Wolfgang von Goethe, ‘Der Sammler und die Seinigen’, XVIII; Friedrich Schiller, ‘Über den Dilettantismus’, XXI.

<sup>89</sup> Friedrich Schiller, ‘Über naive und sentimentalische Dichtung’, XX, pp. 33-34; Dahlstrom, p. 235.

<sup>90</sup> Thomas Mann in a letter to Kurt Martens, 28 March 1906, in *Briefe I*, 61-65 (p. 63).

after being dropped by his nurse, remains crippled for life.<sup>91</sup> Similar to Friedemann the narrator depicts Hanno as artistically gifted in his 'reine, starke, inbrünstige, keusche, noch unverstörte und uneingeschüchterte Phantasie' [pure, strong, passionate, chaste, still-untroubled fantasy] (437; Woods, p. 425).

When the child Hanno begs 'Daß Gott doch allen Kranken helf!' [God help all suff'ring folk'] he fashions the family as patient through the romantic language of Clemens Brentano which is alluded to here (p. 463; Lowe-Porter, p. 381).<sup>92</sup> However, like his father Hanno cannot escape the burden of heritage, and seems to turn into its passive subject. His mouth, his jaw, his eyes, his nose - every body part is attributed to family heritage, reflecting the view held at the turn of the century that the current state of health is the outcome of heredity. Whereas defect in his father Thomas elicits a tension between body and mind, it has become the accepted status quo in Hanno, the only son and heir to the Buddenbrook family. Furthermore, Hanno is the first Buddenbrook who stands under 'the perpetual maintenance service of modern medicine' from birth onwards.<sup>93</sup>

In addition his mother fosters her own liking for the arts in him, and his father projects his fantasies of escape from convention upon him. Hanno is the object of his father's fantasy reflecting Thomas's own desire of refusing to take on the company responsibilities. With his strong inclination for the arts and literature, Hanno represents the embodiment of the denied wishes of his father. Despite the close observation of the father, Hanno suffers from a lack of parenting due to Thomas's great fear of being overwhelmed by the possibilities of a different life open to artistic receptivity. The Dionysian frenzy which takes hold of Hanno when listening to Wagner in the form of 'Entzückungen' [shudders] and 'heimliche[m] Erschauern [secret thrills]' (p. 702; Woods, p. 680) mirrors the 'Rausch' [intoxication] his father only dared to feel again at the end of his life when reading Schopenhauer weeks before his death. While his father is writing his will, Hanno's tongue 'scheuerte [...] an einem Zahn, dem er mißtraute' [scoured a tooth that he did not trust] as though he was anticipating through physical sensation his father's later death following a failed tooth operation (pp. 661; Woods p. 639). Through their ailing bodies fate ties father and son together and in his own physical pains Hanno seems to anticipate his father's destiny, seventy years later Philip Roth will take up the motif of the son identifying with his 'failing father' via bodily symptoms in *Patrimony*.

Hanno represents the longing for a life outside bourgeois convention Thomas Buddenbrook never granted himself. He is an object of transference for the father who never lifted the mask covering his real self. The narrator has taken on the task of inventing the object

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91 This motif alludes to Thomas Mann's early short story 'Little Herr Friedemann' (1897) and the protagonist who, as a small boy, is described as a 'höchst seltsame[r] Anblick' [a very strange sight] due to his broad back and poignant high chest. Thomas Mann, 'Der kleine Herr Friedemann', in *Gesammelte Werke*, ed. by de Mendelssohn and Bürgin, 2nd edn, VIII: Erzählungen. Florenza. Dichtungen, 77-105 (p. 78).

92 In this particular case I prefer Helen Lowe-Porter's translation as quoted above, Woods translates as follows 'That God may help the poorer folk', Woods, p. 455.

93 Albury, p. 271.

of transference not only on a psychological but also on a physical level on behalf of his central character, senator Buddenbrook. Unlike the artist son imagined by Harold Bloom, at this point Hanno Buddenbrook is, despite his inclination to art, not strong enough to develop *agon* and become a source of creative power himself. He much rather displays signs of the Goethean dilettante and the passive patient. With Hanno Mann depicts mortality through a modern lens, where death is the consequence of ‘personal neglect’ reflected in the passive demeanour of the youngest Buddenbrook heir.<sup>94</sup> Mann draws here on a modern concept of life and death, where it is the task of the individual to make sure that health is maintained and death kept at a distance, a requirement Hanno can’t comply with. His love for his artist friend Kai further complicates his relation with ‘health’ and the norm. The homosexual nature of their friendship confirms Krafft-Ebing’s view of the homosexual outsider as being capable of ‘sublimatory, creative activities’.<sup>95</sup> But Hanno’s creativity itself remains highly obscured. He displays a tendency to long for art not in order to find a greater meaning of life, but in an act of refusal of life. Death, beauty, and creativity converge in this figure and challenge concepts of health but also sexology’s normative concept of homosexuality. In Hanno it seems the father has created his younger *sentimentalisch* self, in allowing him to throw away the mask he has used to cover his real life, and take a look at his true longing and loathing.

Where father and son are tied together in their ambivalence as regards bourgeois society, they are separated in the ways in which they experience life in the novel. Seeing Hanno develop into a musician rouses the urge in Thomas to regulate and control his son. He interrogates his son: ‘Nun, Hanno, was treibst du?’ [Well, Hanno, what are you up to?] to which the son replies ‘Ich arbeite, Papa’ [Working, Papa] (p. 649; Woods, pp. 628-629). Both Hanno’s father and uncle perceive art as a highly desirable but ultimately disjunctive unrealistic experience. For Hanno, however, art in the form of music is the prime means of experience and the question of ‘Erlösung’ [salvation] arises for the fourth generation.<sup>96</sup> The Wagnerian ‘Leitmotivtechnik’ [art of leitmotif] is crucial throughout the novel as Swales argues, but it is in the last chapter that Wagner’s music becomes a magnifying glass of what goes on in the novel.<sup>97</sup> Together with bodily disorder music forms Hanno’s prime means of experiencing life, Mann thus introduces the dialectic of bodily defect and art through Hanno.<sup>98</sup> In Hanno, Mann has created the figure in which illness as a means to experience and narrate a life finds culmination. He writes,

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94 Baumann, p. 125.

95 Schaffner, p. 178.

96 Nietzsche defined ‘Erlösung’ [salvation] as the central theme of all Wagner operas in ‘Der Fall Wagner’.

97 Hans Rudolf Veget, ‘Vom ‘höheren Abschreiben. Thomas Mann, der Erzähler’, in *Liebe und Tod - in Venedig und Anderswo*, ed. by Thomas Sprecher (Würzburg: Vittorio Klostermann, 2005), 15-32 (p. 28). Veget observes that Thomas Mann treats Wagner in two ways, *hommage* and *travesty*. In a letter to Julius Bab, 14 September 1911, he speaks of him derogatively as ‘dieser schnupfende Gnom aus Sachsen mit dem Bombentalent und dem schäbigen Charakter’, in *Briefe I*, p. 91;

Swales, *Buddenbrooks. Family Life as the Mirror of Social Change*, p. 42.

98 Nietzsche, *Der Fall Wagner*, p. 98.

Die Hemmungen, denen Hanno's Körper unterworfen war, die Schmerzen, die er erlitt, verfehlten nicht, in ihm jenes ernsthafte Gefühl vorzeitiger Erfahrungheit hervorzurufen, das man Altklugheit nennt [...]

[The afflictions to which Hanno's body was subject, the pain he had to suffer, could not help making him serious und wise for his age, making him what people call precocious;] (p. 514; Woods, p. 502)

Indeed, 'der kleine Johann sah mehr, als er sehen sollte' [little Johann saw more than he was meant to see] from an early age (p. 627; Woods, p. 608).<sup>99</sup> He observes the 'ermüdeten Körper' [the weary body] of his father after each visit he pays to one of his business partners. Hence the knowledge-producing effect of bodily disorder becomes apparent. In response to his experiences music becomes, for Hanno, the prime means of expression, evoking at first the Schopenhauerian longing for a state of pure knowing.<sup>100</sup> The narrator notes: 'Und Hanno verstand' [And Hanno did understand]. Hanno understands music more easily than he understands language, 'denn man bestätigte ihm nur, was er eigentlich von jeher schon gewusst hatte' [it was actually only a confirmation of what he had always known] (pp. 500-501; Woods, p. 491). Despite Hanno's capacity to gain insight and expression through music, his artistic propensities are not guided by discipline and he lacks the fierce willpower to overcome 'Hemmung'.<sup>101</sup>

Apart from his father, no one seems to worry about Hanno's lack of ambition though. Not even his piano teacher Pfühl demands 'Fingerfertigkeit' [finger dexterity], hence Hanno becomes 'vom Hören verwöhnt' [[one] who had been spoilt by having heard so much] (pp. 502-503; Woods p. 491).<sup>102</sup> For Hanno the aim to achieve in the real world and to narrow down his artistic inclinations is, in contrast to his father, of no importance. Suffering and the acceptance of the dominance of subconscious forces of the will have become the state of being and the father is perceived as intruder. Instead music is tied closely to the mother figure, Gerda and her love of Richard Wagner. Gerda Buddenbrook is cast as 'eine leidenschaftliche Verehrerin der neuen Musik' [a passionate admirer of this new music] and therefore Hanno tries very early on to imitate Wagner (p. 498; Woods, p. 488). In his imitation of the idol a parallel to his uncle Christian is established, who always dreamed of becoming an artist. However, Hanno is not the dilettante who is laughed at; his artistic propensities awaken much deeper fears in his surrounding world.

Mann plays on Nietzsche's discourse on Wagner when he lets organist Pfühl, who

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99 'Beobachten' is closely tied to life as an artist in Mann's 1906 article 'Bilse und Ich'. A demon like force coerces the artist to observe and perceive every little detail of life; Thomas Mann, 'Bilse und Ich', ed. by de Mendelssohn and Bürgin, X: Reden und Aufsätze, 9-20 (p. 20).

100 Foster, 'Ideas and Imagination: Schopenhauer on the Proper Foundation of Art', p. 227.

101 Mann, *Briefe I*, letter to Kurt Martens 28 March 1906, 61-65 (p. 63).

102 'Pfühl' is a speaking name as 'fühl' suggests the invitation to 'feel'.



accompanies Gerda on the piano, proclaim that ‘Dies ist Chaos! [...] Dies ist das Ende aller Moral in der Kunst!’ [It is pure chaos! [...] It is the end of all morality in the arts]. Mann’s understanding of the Nietzschean critique as *panegyric* in disguise becomes clear when Gerda replies, ‘aber was verstehen Sie unter Moral in der Kunst?’ [what do you mean by morality in art?] (pp. 498-499; Woods p. 488). Gerda’s question implies that perceived within art morality attains a secondary status and Wagner’s defect could even become a ‘Stimulans des Lebens’ [stimulant for life].<sup>103</sup> The correlation between morality and art is investigated further when Hanno goes to see *Lohengrin* at the ‘Stadttheater’, an occasion which has the air of an act of initiation. Nietzsche characterised *Lohengrin* as issuing a ‘feierliche In-Acht-Erklärung des Forschens und Fragens’ [solemn ban upon all investigation and questioning].<sup>104</sup> This interpretation can be linked to the silence surrounding Gotthold, imposed by Johann the elder in an attempt to prevent the downfall of the family. Yet, in the *Lohengrin* episode Mann may also be evoking another fraught form of investigation and questioning, outside the familial. Thomas Mann raises the question, as formulated by Nietzsche: Is it ‘ein Verbrechen [...] wissenschaftlich zu sein?’ [Is it a crime against the highest and the holiest to be scientific?].<sup>105</sup> The conflict arising for Hanno, in his painful love for *Lohengrin* and disdain for reality, can thus be linked to the medical discourse in the novel. The experience of Wagner’s music and the moments of highest artistic pleasure seem to make it impossible to ever again try to speak the objective ‘scientific’ truth of bodily defect. To do so would mean, as Wagner shows in *Lohengrin*, that the hero has to leave what or whom he loves. In regards to art, the (scientific) truth can demystify what has become a central source of finding artistic inspiration and refinement: bodily disorder *cannot* be explained scientifically, but has to be lifted even higher - on a metaphysical level.

Consequently in Hanno the *Lohengrin* experience produces great excitement but simultaneously, like his father, he feels that by giving in to ‘geistig[e] Extravaganzen’ [intellectual extravagances] he has neglected his bourgeois duties and reality (p. 659; Woods, p. 637). This is at once reflected in unconscious forces of the will amounting to bodily disorder. When he wakes up in the morning his fingernails are burning, his hand feels dead and fails to grip (p. 704). Once again it becomes clear through Hanno’s physical dysfunctionality that the perfect form lost earlier in the novel cannot be regained by the weak hero and Nietzsche’s observation that ‘Wagner vermehrt die Erschöpfung: deshalb zieht er die Schwachen und Erschöpften an!’ [Wagner propagates depletion: that’s why he attracts the weak and the weary] is confirmed.<sup>106</sup> Father and son are tied together by their growing artistic propensities and their ailing bodies. Through Hanno’s love of music, art becomes a means to experience and anticipate life and the defective body becomes the home for the *sentimentalisch* mind.

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103 Nietzsche, *Der Fall Wagner*, p. 105; Kennedy, p. 13.

104 Ibid., p. 99; Kennedy, p. 7

105 Ibid., p. 99. Kennedy, p. 7.

106 Nietzsche, *Der Fall Wagner*, p. 99. Kennedy, p. 7.

The formulation of a new understanding of bodily disorder is anticipated by Hanno's piano improvisation in chapter two of part eleven, where the reader witnesses the first sincere act of artistic creation by a member of the Buddenbrook family. Here Hanno takes up 'jenes erste, rätselhafte Motiv' [that enigmatic theme], which can be read as the prime act of immorality committed by Johann the elder, who cast out his son Gotthold. The motif itself is described as simple and poor creation, but from it grow wild musical fantasies culminating in what seems the struggle of death before the motif itself 'erstarb' [died a wistful death]. This 'little death' could also be seen as alluding to orgasm and thus art and erotic implications become closely tied together. Mann hints at forbidden homosexual desires that become connected to creativity in the improvisation. Afterwards Hanno is 'blaß, in seinen Knien war gar keine Kraft, und seine Augen brannten' [very pale, his knees had gone weak, his eyes burned] (749-750; Woods, p. 721). Art is a means to anticipate and pre-emptively experience illness and death. Through the negative veil, the novel presents the possibility of artistic receptivity and insight. However, the difference between Hanno and the figure of Friedrich Schiller in Thomas Mann's essay 'Schwere Stunde' (1905), a character who suffers during the process of creation, but after he has written his great piece *Wallenstein* appears strengthened, is decisive. When writing on Schiller Mann closes with 'Und als es fertig war, siehe, da war es auch gut.' [and when he was finished he saw that it was good].<sup>107</sup> By referring to the *Book of Genesis* Mann even places the artist in a godlike position.<sup>108</sup> With Hanno's improvisation scene Mann takes up Nietzsche's conviction that illness can be a stimulant for art, to which Nietzsche added though 'man muss gesund genug für dies Stimulans sein!' [but one must be healthy enough for such a stimulus].<sup>109</sup> Hanno is neither healthy nor disciplined enough for illness to be a stimulant for great art, or to comply with the modern individual's 'private responsibility' of survival.<sup>110</sup>

With his description of typhoid fever in the case of Hanno Buddenbrook, Mann, for the first time, includes a fully literary adaptation of an encyclopaedic case history in the novel. Now clinical narrative has become the direct reference point of his fiction. The author once described his technique in the typhoid chapter as involving 'höheres Abschreiben' [a higher form of copying] in his famous letter to Theodor W. Adorno dating from the 30<sup>th</sup> of December 1945.<sup>111</sup> It has been widely acknowledged in criticism that Mann drew upon an article in *Meyers Konversationslexikon* to furnish his description of *typhus abdominalis*. Christian Grawe holds that Mann applies the typhoid fever as 'bloßes Mittel zum Zweck des Sterbens' [nothing but a

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107 Thomas Mann, 'Schwere Stunde', in *Gesammelte Werke*, ed. by de Mendelssohn and Bürgin, 2<sup>nd</sup> edn, VIII: Erzählungen, 371-379 (p. 379).

108 The symptomatic body can and has to be overcome in order to reach a creative, metaphysical level and to proceed to what he will later call 'ins Heilige', Thomas Mann, 'Goethe und Tolstoi', IX, p. 79.

109 Nietzsche, 'Der Fall Wagner', p. 105. Kennedy, p. 13.

110 Bauman, p. 142.

111 Thomas Mann in a letter to Theodor W. Adorno, 30 December 1945, *Thomas Mann Briefe II, 1937-1947*, ed. by Erika Mann, II, 469-472 (p. 470).

means to narrate death], which I think is a reductive view though.<sup>112</sup> Ernst E. Wolf's word-by-word comparison of the encyclopaedic text and the passage in the novel gives a sense of how important a source the medical text proves to be for Mann, but does not reach far enough in its analysis. The encyclopaedic text is taken as a stable given, and Mann's treatment of typhoid fever is neither placed in the context of medical traditions of writing at the time nor considered to what illness signifies within the novel.<sup>113</sup> In my opinion, the encyclopaedic discourse affords the author the possibility to endow the text with an example of the clinical depiction of the disease, which he then transforms in order to present his own conceptualisation of the nosology of illness. As distinguished by Nicolas Pethes in the case of Georg Büchner's (1813-1837) *Lenz*, the fact that Mann copies large parts of the article shows that the medical narrative bears strong affinities with a literary text.<sup>114</sup> The 'Dagegen-Anschreiben' [writing against] bourgeois convention has been turned into a process of intertextual play, resulting in the emergence of a mythology of illness which establishes a new artistic self-image and an altered bourgeois body.<sup>115</sup> The encyclopaedic discourse furthermore forms a counterpoint with the prohibition of science experienced by Hanno earlier; that which has up to this point been a shadowy process of physical depletion is now explicitly acknowledged and incorporated within the text.

In the following case history the diagnosis of typhoid fever is given before the symptoms are described, suggesting a stable relation between symptom and sign that, at first, affirms the modern notion of curable 'afflictions'.<sup>116</sup> Through the enumeration of correct symptoms like 'starkes Schlafbedürfnis' [great desire for sleep] and the observation that 'das Gehirn schmerzt' [headaches] this notion is underlined. Yet 'ein unbestimmter Schmerz sitzt in allen Gliedern' [a vague ache invades the limbs] already points to the unstable, unscientific notion inherent in the disease itself, and evokes the sense of being overwhelmed by pain that the family has experienced all along. Furthermore, Mann's account of illness at this point also bears links to music and to Hanno's improvisation. The 'heftige Frostanfall' [chill] anticipates the fever, followed by noisy deliria. Sound is evoked. The climax and moment of fate nears in the third week when the body has ceased to react and lies in 'grenzenloser Unempfindlichkeit' [total apathy] (pp. 751-752; Woods, pp. 723-724). From a clinical perspective disease once again remains unfathomable, as it will in the case of Nathan Zuckerman in Roth's *The Anatomy Lesson*. In contrast to the encyclopaedic version, at this point the narrator does not turn to the 'günstigen Fälle' [favourable cases] but instead discusses the problems of diagnosis and

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112 Christian Grawe, 'Eine Art von "höherem Abschreiben": Zum "Typhus"-Kapitel in Th. Manns "Buddenbrooks"', *Thomas Mann Jahrbuch* (1992), 115-124 (p. 124).

113 Ernest M. Wolf, *Magnum Opus. Studies in the Narrative Fiction of Thomas Mann* (New York: Peter Lang, 1989), pp. 151-152.

114 Pethes, 'Epistemische Schreibweisen', p. 7.

115 Valet asserts that the frequency of that modus in his early works even allows the assumption of 'Kontrafraktur' as 'epischer Grundgestus' of the author. Valet, 'Vom "höheren Abschreiben"', p. 27.

116 Bauman, p. 140.

suggests an eventually mortal outcome of the disease.<sup>117</sup>

Once again, a clear-cut version of disease is challenged and little authority granted to clinical diagnosis, as doubt is expressed as to the remedies being of ‘irgendeiner Wirkung’ [some effect] (p. 753; Woods p. 725). Irony is the underlying principle of the narrative at this point. Both the self-confident clinical voice that states ‘mit dem Typhus ist es folgendermaßen bestellt’ [Typhoid runs the following course] (p. 754; Woods, p. 725) and Dr. Langhals, who apparently is able ‘die Sache bei ihrem richtigen Namen zu nennen’ [to call the problem by its proper name], are proven wrong. With the formulation ‘die Krankheit, die er ‘Typhus’ nennt’ [the disease he calls ‘typhus’] (p. 753; Woods, p. 725) the narrator hints at an uncertainty in diagnostic language and the possibility of an altogether different disease which might be situated outside the scope of scientific knowledge, thereby undermining the self-confident diagnoses made by the medical profession. Hence the power of scientific language is once more rendered of little impact. The typhoid, after having been classified and recounted as a distinctly clinical tale, now takes on a more opaque role in the text. The narrative raises the question as to whether the illness can be controlled at all with ‘den Mitteln der Wissenschaft’ [the resources of science] or whether it is, rather, ‘eine Form der Auflösung’ [a mode of dissolution] that lies outside the scope of medical knowledge and language (p. 753; Woods, p. 725).

Mann closes Hanno’s case with a description of typhoid referring to the ‘Kranken’ [the patient] rather than an individual case, and this heralds the adoption of a more general mode of medical discourse in the text (p. 754; Woods, p. 725). He presents the case history as mediating between the general and the individual; the individualizing experience of illness, which justifies the ‘Hochmut’ [arrogance] of the sick individual, is at this point remote, Hanno is one of many *Kranken*.<sup>118</sup> Only later, in ‘Goethe and Tolstoy’, the Nietzschean notion of ‘Hochmut’ [arrogance] and the essence of the illness experience for art Mann explains as follows

Worauf es ankommt, ist aber, daß nichts zu leicht falle. Mühelose Natur, das ist Roheit. Müheloser Geist ist Wurzel- und Wesenlosigkeit.<sup>119</sup>

[What matters is that nothing should come too easily. Effortless nature is an affront, effortless mind is root- and essencelessness.]

In Hanno’s case, once the outside perspective of the clinical tale has been revealed as unstable, the narrator turns to the inside experience of illness. He tells the reader again ‘Mit dem Typhus ist es folgendermaßen bestellt’ [Typhoid runs the following course], but now he provides his own mythical conceptualisation of illness (p. 751; Woods, p. 723). Illness becomes

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117 Art. ‘Typhus’ in *Meyers Konversations-Lexikon. Ein Nachschlagewerk des allgemeinen Wissens*, 5th abridged edition, 17 vols (Leipzig: Bibliographisches Institut, 1893-1897), XVII: Turkos bis Zz, 19-22 (p. 21). I differ from Grawe in that I think rather than the 1889 edition Mann made use of the latest edition available when writing the novel which was the 5th edition.

118 Friedrich Nietzsche, ‘Nietzsche contra Wagner’, in *Nietzsche Werke. Kritische Gesamtausgabe*. Sechste Abteilung, ed. by Giorgio Colli/ Azzino Montinari, III, 130-149 (p.146).

119 Thomas Mann, ‘Goethe und Tolstoi’, IX, p. 138.

the mythical entrance point to go down the *fremden, heißen Wege* and the defective body turns into the vehicle for a metaphysical experience. Unlike in Thomas's case, illness in the case of Hanno represents a more ambiguous state than the renunciation of willpower. The epistemological urge aroused by illness is extended with the figure of the 'Kranken' whose mind can now wander down unknown and mysterious routes. Schopenhauer's conception of art as the only way to tame the chaotic forces of the will is evident here. The patient thus becomes the artist. It is only revealed in the next chapter that the case history of typhoid fever applies to Hanno.

From the artist, according to Mann, illness state demands a decision - whether to return with new energy to life and art, or give in to chaos and flee life. The possibility of choice is raised here directly for the first time in the novel. The decision to expose oneself to illness to gain artistic insight is a motif which Mann will return to in *Death in Venice* and *The Magic Mountain*. Central to these later novels, in *Buddenbrooks* this element of decision and the possibility of artistic receptivity is not yet fully palpable but only looming in the background. Yet it becomes clear that the encyclopaedic text which underlies the typhoid scene, rather than being the means to describe the oncoming of death, is a way for Mann to establish his mythology of illness and leave the realm of degeneration. He challenges the perception of illness as fate and, in a Nietzschean manner, establishes it as choice to be healthy enough to be sick. In his cases Mann takes nineteenth-century medical and scientific preconceptions of illness as counterpoints to his own emerging mythical conception of illness as a means to experience chaos and from which to draw artistic gains. He uses the clinical narrative as a stepping-stone for his explorations of the evolving artistic self. For the last time the narrative subverts the notion of the one-to-one clinical translation of symptoms into signs and Mann drastically enacts the transformation of the reality of illness into illness as mythology. The infection leading to Hanno's death attains the status of a 'mask' for unconscious inner dispositions. At this point in the narrative illness thus turns into a promise of change and a life led by individual standards. In Hanno's case the modern fear of death is overcome by a decadent longing for it, in order to escape the downwards spiral of family heritage; death through illness has become a decision made by the individual, free to choose to 'umkehren und leben' [turn back and live] (p. 754; Woods, p. 725). The characters created bear *sentimentalisch* bodies, which are subject to Schopenhauer's will and a mind-set prone to crossing boundaries, but they remain imprisoned by convention and the family history, unable to gain from the losses and symptoms they have to endure. Nietzsche's notion of Dionysian frenzy remains, except for a few moments in Thomas's and Hanno's lives, at a distance. At the end of the novel, and here I agree with Grawe, stands death and the dissolution of the family - hence the artist is rendered incomplete. With the illness motif Mann has introduced one of the most powerful paradigms of his writing, setting the stage to negotiate indeed the *sentimentalisch* quest through illness further in his other grand novels on illness. *The Magic Mountain* and *Doktor Faustus* resonate with Friedrich Schiller's demand

‘sich durch eigene Macht aus seinem begrenzten Zustand in einen Zustand der Freiheit [das Ideal] zu versetzen’ [by his own might transporting himself from a limited condition to a condition of freedom].<sup>120</sup>

## 2.4 Conclusion – going down the path of illness

Opposed to the ‘mindless body’ that medicine sought to establish at the time and the *demystification* of illness through the objective voice of science, Mann turns the defective body into a playground for the conscious and subconscious games of the *sentimentalisch* mind. He thereby arrives at the opposite – the valorization of defect and a distinct mythology of illness. The story is narrated in types. The ‘perfect form’ of the bourgeois merchant Johann is the starting point of a novel which comes increasingly to rely on the tainted lived experience of bodily disorder. Eventually the novel shifts away from decline and bodily defect is reformulated in terms of art and a myth of illness is established. The conception of medical case narratives as highly discursive and dynamic texts that stand in a distinct literary tradition has made it possible to look at Mann’s literary appropriation of medical themes from a new angle. Readings of the novel as a realist depiction of progressive degeneration and neurasthenia appear reductive as regards the narrative scope of medical discourse. In fact, the medical tradition of writing the case emerges as both inspiration and counterpoint in the novel, it is added and replaced and played with by the author. Mannian contempt for clinical narrative and positivism can be detected, yet so too can Mann’s conviction in the culturally and narratively embedded position of the artist, who is meant to ‘Überliefertes mit ihrer Seele erfüll[en]’ [fill passed down knowledge with their spirit], suggesting that art is closely tied to autobiographical and collective cultural experience.<sup>121</sup> Mann creates an ambiguous fictional reworking of medical narrative traditions and hints at the development of the artistic self. Through the writing of illness, art is explored through a negative veil.

Only at first glance does Mann’s distinct medical vocabulary create a realist picture of mid-nineteenth-century German medical culture. With the entry of tragedy into the narrative, pre-modern conceptions of the body are evoked. Johann the elder’s moral failure induces a need to restore what has been damaged, hence an epistemological and artistic urge in the mind turned *sentimentalisch* emerges represented in the narrative through bodily defect right from the very beginning of the novel. Jean’s and Bethsy’s dismal Evangelical religion is one reaction to a new consciousness. Eventually the traditional recourse to religion is debunked by Mann, revealed as mere superstition and materialistic greed. In the scene of Jean’s death it becomes clear that from now on a different, worldly authority – the doctors- demands the rights over the last things. As representatives of the bourgeois ‘Machthaber’ [potentates], Mann depicts the doctors with

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120 Friedrich Schiller, ‘Über naive und sentimentalische Dichtung’, XX, pp. 33-34; Dahlstrom, p. 235.

121 Thomas Mann in a letter to Kurt Martens, 28 March 1906, in *Briefe I*, 61-65 (p. 62).

irony.<sup>122</sup> Yet, whilst the role of the doctors and their association with the negative aspects of the medical profession, such as quackery and greed, is made clear, medical language and the illness theme also become a source of expression for the artistic self. The medical voice thus remains highly ambivalent in the narrative.

In terms of the trajectory of the illness theme, *Buddenbrooks* is very much an *Entwicklungsroman*. To begin with bodily disorder represents the destructive forces of nature and a process of de-individualisation. The use of medical narrative in the novel reveals Mann's ambivalence as regards the all-pervasive dominance of scientific positivism at the time. Mann does not believe 'that science will conquer disease'.<sup>123</sup> In the novel the reader witnesses a modern experiment with medical narrative traditions. The body becomes paramount in the narrative, tied to the drastic decline of the family. The degeneration discourse turns out to be both broader and more specific than generally recognised. It is broader in the sense that it is bodily disorder rather than straightforward hereditary degeneration that Mann explores, more specific in that he applies different various narrative traditions.

In exploring the different generations of *Buddenbrooks* Mann uses curious, humanitarian, and clinical narrative elements. In Thomas he has created a character who refuses the humanitarian gaze whilst Christian longs for it. The author also engages with the possibility of the demystification of illness, widespread in medical discourse at the time – and denies it. The resistance towards interpretation and diagnosis is represented most clearly through Thomas. With Hanno, the narrator is able to develop a Derridean supplement in the clinical case history of typhoid fever and formulate what is to become a crucial element of his artistic self-conception: a myth of illness, whereby the experience of illness is turned into an experience of going down 'this strange, empty path' and the possibility of overcoming nature and developing an artist individual is advanced. Where once stood moral failure, there is now the possibility to find new 'ways' to assign meaning to life and populate the empty path. In the Hanno chapter Mann also finds a conceptualisation of homosexuality that is 'ultimately double' and supersedes sexology's theories prevalent at the time through his more fluid notion of homosexuality as both destructive and creative.<sup>124</sup>

The question of willpower and rational, Apollonian ideals is important for the development of both the myth of illness and respectively the artistic self. The triumvirate of Thomas, Christian and Hanno Buddenbrook is characterised by a growing longing for artistic receptivity alongside increasing bodily defect. Hence art holds a dubious status, being tied to disabling and unknown forces of the will which cannot be bound by any of the three protagonists. Where Thomas believes in the might of the individual to control and contain the body and art, the willforce he establishes is more like a prison than a liberation and ends in stasis. Christian displays a longing to give in to sickness and the will of nature as developed by

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122 Thomas Mann in a letter to Heinrich Mann, 17 December 1900, in *Briefe I*, 17-19 (p. 17).

123 Albury, p. 268.

124 Schaffner, p. 181.

Schopenhauer, and he lacks the control necessary to effectively channel his artistic propensities, but the possibility of ‘Kunst’ [art] is hinted at in him.<sup>125</sup> Schopenhauer’s idea that ‘the body is the ground of our knowledge’ looms large with Hanno who does not even contemplate a life set against his inclinations for art and his frail constitution.<sup>126</sup> However, he is depicted as not having the strength to decide to live, to overcome nature and become the artist representative of the ‘Adel der Krankheit’ [nobility of illness].<sup>127</sup> Mann applies Nietzsche’s *Verfallspsychologie* and Schopenhauer’s pessimism, simultaneously he establishes the body as creative ground that makes possible a ‘state of pure knowing’, as envisioned by Schopenhauer, thus delivering an ambiguous appreciation of the body.<sup>128</sup>

Over the course of the novel art and defect come to be linked ever more closely. This process culminates in Hanno. Hanno dies of a disease, which itself is uncovered as possibly fictional. Even though the body might display the customised symptoms, the narrator suggests that the signs point to something invisible to the eye. Hence the Mannian narrative moves away from the Hippocratic tradition of relying on ‘eyehood’ commonly accepted in nineteenth-century medicine.<sup>129</sup> Now bodily defect turns from a negative, self-destructive disposition into a means of entering upon new *Wege*. Thus the reciprocity of bodily defect and art sits at the heart of the novel and eventually produces a positive perspective. Eventually Mann converts the symptoms of typhoid into the entrance upon a world of higher consciousness, following Lohengrin’s romantic prohibition of the ‘Entzauberung der Welt’. However, the clinical text is revealed nonetheless as limited and medical narrative as ambiguous in the novel. In contrast to the later figures in Mann’s work, such as Gustav von Aschenbach and Hans Castorp, even though his story is told as an individual tale of suffering, Hanno is not granted the individual body. He remains part of a genealogy of bodies. His case hints at illness as both an individualizing experience, but also attests to the collective experience of illness as degeneration. Apart from his friend Kai, who keeps Hanno company, it is a strange, hot and lonely experience to go down this ‘Pfad’ [path] of bodily disorder for him at this point. In *Buddenbrooks* the author explores the various possibilities illness affords, yet predominantly illness is still viewed in a negative light. Only in *Death in Venice* does illness finally amount to a feast of the senses, affording the protagonist a proper place for inwardness and his artistic pursuits.

Mann’s depictions are closely tied to German thinking on art at the time. The understanding of art as the outcome of sublimation invites comparison with Freud’s later thoughts on the psyche and art.<sup>130</sup> Mann draws heavily on the ambivalent image of the dilettante

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125 Johann Wolfgang von Goethe, ‘Der Sammler und die Seinigen’, XVIII, p. 725.

126 Bell, *The German Tradition of Psychology in Literature and Thought*, p. 210.

127 Thomas Mann, ‘Goethe und Tolstoi’, IX, p. 80.

128 Foster, ‘Ideas and Imagination: Schopenhauer on the Proper Foundation of Art’, p. 227.

129 Hurwitz, ‘Form and Representation of Clinical Case Reports’, p. 218.

130 Peregrine Horden, ‘Thoughts of Freud’, p. 20;



in his depiction of Thomas, Hanno and particularly Christian. Towards the end of the novel, in reference to Goethe and Schiller, the question of whether it is possible for a Buddenbrook 'sich bis zu dem höchsten [zu] erheben' becomes ever more pressing.<sup>131</sup> Through Hanno, the coming of age of the artist is initiated but also cut short. Hanno, in the role of his father's delinquent fantasy, is the literary manifestation of the possibility to live through another as raised first in the anatomy report, the medical case history and the novel. Degeneration becomes the form to narrate the family and is developed into a much broader notion than the mere biological. In my view the degeneration trope as applied by Mann is an expression of what Baumann described 'as the realisation that there [are] limits to (scientific) progress providing a paradigm and yet another diagnosis for a disease found to be incurable'.<sup>132</sup>

In its incurability by contemporary medicine, disease in *Buddenbrooks* attains a crucial position for the coming of age of the artist. In a letter to his brother Heinrich in 1901 Mann resonates Schopenhauer's pessimism but also points to literature as the way out:

Das Letzte und Beste, was sie [die Literatur] mich zu lehren vermag, ist dies: den Tod als eine Möglichkeit aufzufassen, zu ihrem Gegenteil, zum *Leben* zu gelangen.<sup>133</sup>

[The last and foremost thing literature is able to teach me is to conceive of death as a means to attain life.]

He thereby spells out the typical Mannian dialectic of regress and progress, which can be distinguished as the underlying principle in the novel. The loss of belief in the worth of life within the family and the morbid atmosphere created is counteracted by the body turning into an ambiguous site of thus far unknown aesthetic receptivity. The *sentimentalisch* self becomes linked to the sick body and illness turns into a means of investigating an evolving aesthetic position.

Yet the characters are not cast as dynamic figures and in the end Mann denies the possibility of the artistic self. Positivism and medical realism remain highly contested at this point and cannot yet contribute to a widened outlook on life and death, as they will in *The Magic Mountain*. The *sentimentalisch* consciousness remains imprisoned. In his 1905 Schiller text 'Schwere Stunde', Mann will suggest that the artist *needs* to live through the experience of bodily disorder in order to be artistically productive, on this basis Mann is soon to give a more nuanced and optimistic outlook on illness and art than in *Buddenbrooks*. The groundwork for this brighter perspective is laid in *Buddenbrooks*. The coming of age novel for Mann as a writer of illness narratives.

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Anthony Storr, 'Psychoanalysis and Creativity', in *Freud and the Humanities*, ed. by Peregrine Horden, 38-57 (p. 42).

131 Johann Wolfgang von Goethe, 'Der Sammler und die Seinigen', XVIII, p. 725.

132 Baumann, p. 150.

133 Thomas Mann in a letter to Heinrich Mann, 13 February 1901, in *Briefe I*, pp. 25-26 (p. 25).

### III. Illness as Possibility for Growth – Thomas Mann’s Consolidation of his Illness Mythologies (pp. 73-123)

#### 3.1 *The Death in Venice* paradox – illness turns paramount and taboo

In the following chapter on Thomas Mann’s novella *Death in Venice* and his magnum opus *The Magic Mountain* I want to show that Mann now grants his protagonists, especially Hans Castorp, a greater capacity to be disturbed through the experience of illness. The *sentimentalisch* and more dynamic characters now experience new possibilities and the sick body turns from a negative veil into a means through which humane insight is accessed. Mann now configures sick bodies as ways to broaden and stimulate the mind - interiority and illness become closely linked. The case histories Mann creates challenge genre boundaries and interrogate what it means to be an artist through illness mythologies.

After a transitional phase following the success of *Buddenbrooks*, ‘issues were suddenly crystallized’ for Thomas Mann in 1911, as Terence J. Reed points out. His journey to Venice from 26<sup>th</sup> of May until 2<sup>nd</sup> of June 1911 was an experience that would turn into a literary ‘experiment’.<sup>1</sup> Reed carefully analyses the ambivalence inherent in what he calls ‘Mann’s experiment with the condition and the risks of being a Master’ in his novella *Death in Venice* (1911).<sup>2</sup> He argues that the interplay of inner collapse and myth ‘pulls away from realism’ towards a mode of narration ‘that unifies reality, myth and psychology’. *Death in Venice* may perhaps be best characterised by the multiplicity of its points of view. In my analysis I will take into account Laura Otis’s contribution *Membranes* when looking at the traditions of medical writing that Mann appropriates for his narrative. However, aside from Otis, who investigates the colonial fears attached to the cholera, I am interested in the status scientific positivism attains in the narrative and the impact new medical findings had on Mann’s writing about the disease. I will explore how Mann makes illness paramount in his novella, whilst at the same time satirizing it and raising a taboo to speak openly about it. Focussing on the relation between art and bodily disorder, I will firstly trace the specific modern medical fears raised by germ theory which underlie the text. This medical subtext allows the author to link the question of the artistic identity to collective modern medical fears. Within this context I will look at the double-movements of resistance and affinity for disease represented in Gustav von Aschenbach and Venetian society. Rather than to assume that Mann uses bodily disorder as a mere accomplice to explore Nietzsche’s concept of the Dionysian and the Apollonian, I argue that the medical can be counted as an independent mythological dimension of the text that extends the Dionysian and

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1 Reed, ‘Death in Venice’; *Making and Unmaking a Master*, p. 8;  
Reed, *The Uses of Tradition*, p. 150.

2 Ibid., p. 177;

Thomas Mann, *Der Tod in Venedig*, ed by de Mendelssohn and Bürgin, 2nd edn, III; Thomas Mann, *Death in Venice*, trans. by David Luke (London: Vintage Books, 1998). All further references to this edition and the English translation are given after quotations in the text.

Apollonian concept through the application of a corporeal dimension, one that lies outside the scope of biologicistic nihilism as identified in *Buddenbrooks*. Mann defines his own seat of illness through recourse to Schopenhauer, thereby creating a hybrid case narrative. The body in disorder also becomes highly relevant in regards to the negotiation of masculinity. The year 1911 marks Mann's shift from Wagner towards Goethe whom he describes in a letter to Julius Bab as a 'Führer und Nationalheld' [leader and national hero].<sup>3</sup> The novella was originally meant to treat Goethe's last love. Goethe is the hero who Mann will in 1921 describe as the belligerent 'Olympier' [Olympian].<sup>4</sup> In the novella Goethe functions as an antidote to Gustav von Aschenbach's restrained masculinity and repressed homoerotic love, nevertheless the Faustian dilemma between *Leben* [life] and *Geist* [mind], the Dionysian and the Apollonian, is something Aschenbach struggles with, and this struggle is something disease comes to configure. Questions of masculinity are thus negotiated through the medical. By ways of typical Mannian reciprocal double-movements of morality and excess, beauty and decline, objectification and recognition, individualisation and de-individualisation the author imagines what happens with the artist out of balance.

### 3.2 Medical discourse on the cholera in early twentieth-century German medicine

With the cholera standing at the centre of the medical narrative of the novella, Mann turns towards the issue of contagion taking up a medical term which symbolises an event where 'influence' is 'increased', as Margaret Pelling argues.<sup>5</sup> On this background Gustav von Aschenbach's story can be read as one of several competing lines of influence which take hold of the protagonist during his stay in Venice: firstly, the microbiological explanation of the cholera versus the myth of the cholera developed in the narrative; secondly, the challenge of Apollonian restraint and rationality through the increasing dominance of the Dionysian. Restraint and control are also closely tied to the ideal of science 'as masculine enterprise' in its 'rational search to penetrate the unknown in nature'.<sup>6</sup> The dominance of the rational principle, as advocated by Socrates in the form of science, was criticized by Nietzsche.<sup>7</sup> Despite his commitment to Apollonian restraint Aschenbach turns away from this masculine ideal to propagate knowledge. Instead, a complicated notion of masculinity comes to the fore which lets Aschenbach appear as a queer artist.<sup>8</sup> Through Aschenbach, at first, Mann commits to a fractured appropriation of Nietzsche's critique of culture presenting a figure both opposed and

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3 Mann in a letter to Julius Bab, 14 September 1911, in Thomas Mann, *Briefe I*, p. 91.

4 Thomas Mann, 'Goethe und Tolstoi', IX, p. 63.

5 Margaret Pelling, 'Contagion/Germ Theory/Specificity', in *Companion Encyclopedia of the History of Medicine*, ed. by Porter and Bynum, I, 304-323 (p. 313).

6 Art. 'Medicine' in *American Masculinities. A Historical Encyclopedia*, ed. by Bret E. Carroll (New York: The Moschovotis Group, 2003), 296-298 (p. 297).

7 Higgins/Magnus, p. 23.

8 Susanne Widmaier-Haag, *Es war das Lächeln des Narziss. Die Theorien der Psychoanalyse im Spiegel der literaturpsychologischen Interpretationen des 'Tod in Venedig'* (Würzburg: Königshausen & Neumann, 1999), pp. 140-141.

committed to the Apollonian. Mann develops further his myth of illness, exploring the fears and hopes tied to bodily disorder as they become relevant to art. A question arises of the role medical narrative techniques and positivism as well as Nietzsche's thoughts on the latter play in the further development of his mythology of illness.

In order to provide a background for my literary analysis, I will now outline the impact of bacteriology on the individual and the social body. At Mann's time the cholera had the status of 'an exotic disease' from abroad, bearing a certain 'shock value' and mystery.<sup>9</sup> Dying from cholera was named 'mort de chien' and survivors suffered from permanent scarring, crippling or speech impediment.<sup>10</sup> It therefore carried both a threat to life and a symbolic threat to beauty. With the cholera Mann also takes up the modern fear of 'bacteriological influence' manifested in the contagion theme. The fear of germs was aroused in the public by the radically new findings revealed by bacteriology in the second half of the nineteenth century. Where bacteriology provided medicine with new scientific authority and was conceived of as a great step forward, the historical reality behind these achievements was more complex. In *Death in Venice* these fears are taken up and explored through the individual's loss of balance.

As a first step I want to consider the fears the concept of permeable membrane boundaries triggered in regards to individuality taking the cholera as an example. In the 1880s it could be proven 'that disease-causing agents were alive', which Laura Otis considers to be 'one of the most disturbing findings of bacteriology'.<sup>11</sup> Since the mid-1880s Koch's discoveries in the field of bacteria and germ theory had received great attention by the public. The most famous amongst these was Koch's identification of the 'Kommabazillen' [comma bacillus] as 'die Ursache der Cholera' [cause of the cholera] in 1884.<sup>12</sup> In his mission of 1884 Koch had been able to prove scientifically that the cholera was native to India. He suggested the stable form of the bacillus and described it as *contagium vivum* which could find entry into the human body and the digestive system through contaminated water. Koch proved that the bacillus exercised a 'zerstörenden Einfluß [on] Formelemente des Blutes [and] andere Zellen' [destructive influence on the structural parts of the blood and other cells].<sup>13</sup> Thus the borders of the human body were revealed as permeable by bacteria. On a sociological level, Virchow's concept of a bounded self now led to the assumption that 'to preserve one's identity one must defend one's boundaries'.<sup>14</sup> Furthermore, germ theory identified all people as potential carriers

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9 Frank M. Snowden, *Naples in the Time of Cholera. 1884-1911* (Cambridge: Cambridge University Press, 1995), p. 4.

10 Sheldon Watts, *Epidemics and History. Disease, Power and Imperialism* (New Haven: Yale University Press, 1997), p. 173.

11 Ibid., p. 151.

12 Robert Koch, 'Erste Konferenz zur Erörterung der Cholerafrage am 26. Juli 1884 in Berlin', p. 41 <<http://edoc.rki.de/documents/rk/509-20-60/PDF/20-60.pdf>> first published in *Berliner Klinische Wochenschrift*, 31/32/32a (1884) [accessed 13 July 2013]. Koch suggested the stable form of the bacillus. He describes the ways the cholera bacillus can find entry into the human body via contact with water (ibid, pp. 35 and 38).

13 Ibid., p. 38.

14 Otis, p. 36.

of disease and thus raised fears surrounding hygiene. Within the public discourse on contagion, bacteriological extremism even came to deny ‘the feasibility of modern urban society’ suggesting extreme isolation as the only measure to grant safety to the individual.<sup>15</sup> This social estrangement was extended to the doctor/patient relationship and only after time was it moulded into a multifactorial approach once again.<sup>16</sup> With the contagion theme Mann thus takes up cultural fantasies about society and addresses modern fears connected to bacteriological findings. Furthermore, hygiene and restraint are also notions closely linked to ideals of masculinity; Havelock Ellis later pointed out that ‘much may be done by physical hygiene and other means to prevent the extension of homosexuality’.<sup>17</sup>

Koch’s findings also sparked further public controversy over the essence of what was conceived until late into the century as ‘filth diseases’ caused by dirt.<sup>18</sup> His definition of the *Kommabazillus* stood against the miasmatic theory that physicians as Dr. Max Joseph von Pettenkofer (1818-1901) saw ‘as [an] environmentally induced phenomenon’.<sup>19</sup> In England William Mayhew (1812-1887) had by then delivered his overview of the work conditions of the poor in *London Labour and the London Poor* (1851) and the lawyer Edwin Chadwick (1800-1890) had come to prominence as a theorist of sanitarianism. Rationalists like Chadwick sought to avoid speculation on ‘the doubtful diseases’ such as the cholera and the plague and associated them with ‘the intermittent fevers’ linked to ‘certain localities’.<sup>20</sup> In Mann’s narrative miasmatic and bacteriological explanations of disease coexist.<sup>21</sup> Furthermore, the romantic idea of the ‘individual disposition’ is apparent in Gustav von Aschenbach.<sup>22</sup> Simultaneously bacteriology challenged the very concept of the sickly genius as it put similarity where individualisation used to stand.<sup>23</sup> It suggested that disease was not caused by man’s moral nature. The disease was now located outside the body and perceived as ‘democratic’, undermining the individualising aspects of disease that had been held formerly. Martina King claims that the ‘Feiraum der Fiktion’ [the latitude of fiction] proved to a certain degree resistant to these findings.<sup>24</sup> Nevertheless the fear not only of membrane boundaries breaking down, but also of a loss of individuality through a ‘democratic’ view of disease features in the novella. I will explore how the different lines of

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15 A tendency for sanitary propaganda is also reflected in the writings of Wilhelm Griesinger, a psychiatrist well-known at Mann’s times: ‘Auf strenge Reinlichkeit des Körpers [...] ist aufs sorgfältigste zu achten [...]’ [the strict hygiene of the body is of primary concern]. The ‘innerliche Ordnung und Bereinigung’ [innere order and cleansing] Griesinger suggests for cases of mental illness was a nineteenth-century belief that played forth in the beginning of the twentieth century; Griesinger, p. 494.

16 Pelling, pp. 329-330.

17 Ellis perceives of hygienic measures as one way amongst others to help develop ‘a normal sexual impulse’; Havelock Ellis, *Studies in the Psychology of Sex*, 2nd edn, 7 vols (Philadelphia: F. A. Davis, 1925), III: Analysis of the Sexual Impulse: Love and Pain; The Sexual Impulse in Women, p. 326.

18 Pelling, p. 327.

19 Ibid. p. 312.

20 Ibid., p. 322.

21 Otis, p. 154.

22 Ibid., p. 155.

23 Martina King, ‘Inspiration und Infektion. Zur literarischen und medizinischen Wissensgeschichte von ‘auszeichnender Krankheit’ um 1900’, *Internationales Archiv für Sozialgeschichte der deutschen Literatur*, 35/2 (2010), 61-97 (p. 73).

24 King, p. 83.

influence, Mann's mythical perception of disease and scientific positivism, have found entry into the figure Gustav von Aschenbach.

### 3.3 Turning towards the physical - Gustav von Aschenbach's journey

With Mann's protagonist going further down 'fremden, heißen Wege' [strange, hot path] of bodily disorder already prepared in *Buddenbrooks*, I am particularly interested in how the perception of the body in the narrative changes developing a distinct illness mythology grounded in bacteriology, and how this reflects medical interests in Mann's work over time (*Buddenbrooks*, p. 754. Woods, p. 725). I am now going to investigate what the perfect form of the 'geduldige Künstler' [the patient artist] constitutes and what role bodily disorder inhabits in Aschenbach's life up to the visit to Venice (p. 450; Luke, p. 202).

Mann's sense of the artist's identity has evolved from *Buddenbrooks* to *Death in Venice: sentimentalisch* consciousness is now granted space and the first chapter of the novella bears witness to these changes. What has emerged is the consolidated artist body, set apart from that of the bourgeois body of Johann the elder in *Buddenbrooks*. The narrator recapitulates the tradition Aschenbach stands in. From 'der geduldige Künstler' [the patient artist] Aschenbach has turned into over the years, the reader is taken back to the beginning of the artist's life (p. 450; Luke, p. 202). The narrator tells us that 'die Vermählung dienstlich nüchterner Gewissenhaftigkeit mit dunkleren, feurigeren Impulsen ließ [...] diesen besonderen Künstler entstehen' [from this marriage between hard-working, sober conscientiousness and darker, more fiery impulses [...] this particular kind of artist, had come into being] (p. 450; Luke, pp. 202-203). In just one paragraph concerned with the inheritance theme, the narrator thus summarises all that has been said in *Buddenbrooks* on degeneration and heritage as if to put an end to it. 'Ärztliche Fürsorge' [medical care] and the delicate health of the child Gustav are not narrated in any greater depth but assumed as the *status quo* evoking the idea that life *is* pathology (p. 451).<sup>25</sup>

Instead, Aschenbach's identity is grounded in the individual choice to become an artist by means of 'Durchhalten' [staying the course]. The portrayal is based on a notion of individuation based on diligence and restraint. Aschenbach has distinguished himself from previous generations through art, asserting his relation to a more general 'Geschlecht' [breed] of artists outside the realm of family ties and maintaining strict boundaries between himself and the world (p. 451; Luke, p. 203). Now that the artist archetype has emerged, there is the possibility of the writer as the honourable professional who is used to 'sich ihrer [the elders'] Zustimmung [...] zu versichern' [feel sure of their approval] (p. 503; Luke, p. 249). The writer, like the middle- and upper-class physician, is positioned as an honoured member of the scientific community. The narrator provides a sort of recipe of the artist in whom *Geist* and *Leben* form a dyad. He establishes 'Talent' [talent] and the 'physische Basis' [physical basis] as

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25 Luke translates 'medical advice', p. 203.

the grounds from which an artist emerges (p 451; Luke, p. 203). Art is therefore defined as the struggle for ‘Haltung’ [composure] where the artist is working against the ‘Trotzdem’ [defiant despite] of inner resistance but also the feebleness of his ‘zarten Schultern’ [delicate shoulders] (pp. 451-453).<sup>26</sup> Thus Aschenbach distinguishes himself from the rest and again maintains clear boundaries between self and world through the development of an artistic identity against earthly struggle. With the portrait of the artist thus drawn, the idea of ‘individual disposition’ for disease is evoked, suggesting a connection to Thomas and Hanno Buddenbrook in whom bodily defect already functioned as a mark of artistic sensibility.<sup>27</sup>

Furthermore, through the characterisation of Aschenbach, a modern myth of medicine emerges for the first time in the novella. Aschenbach meets the affinity for disease with strict personal hygiene complying with ‘the illness culture’<sup>28</sup> of his time: with ‘Stürzen kalten Wassers über Brust und Rücken’ [dashing cold water over his chest and back] and what the narrator calls a ‘Heroismus [...] der Schwäche’ [the heroism of weakness] (pp. 452-452; Luke, p. 204). Ideals of masculine health are thus restored in an attempt to ban the queer artist body and maintain Apollonian restraint. Psychiatric medicine at the time also put forward ‘mental and physical hygiene’ such as ‘regulated gymnastics and out-of-door exercise’ as well as ‘occupations which employ, without overexerting, the mind’.<sup>29</sup> Apollonian restraint paradoxically culminates in the artist’s *naiv* decision ‘das Wissen zu leugnen’ [to repudiate knowledge as such] if it poses a threat to inspiration and his artistic resolve though (p. 454, Luke, p. 206). Aschenbach exercises ‘moralische Entschlossenheit jenseits des Wissens’ [moral resoluteness at the far side of knowledge] (p. 455; Luke, p. 207) and again a prohibition against science and positivism is apparent, relating to Nietzsche’s resistance towards the ‘verführerischen Ablenkungen der Wissenschaft’ [the seductive distractions of the sciences].<sup>30</sup> The knowledge of his physical basis has been banished from the artist’s mind in order to preserve artistic productivity thereby neglecting all that thrives towards ‘Wissen’ [knowledge]. This invites association with what contemporary author Andrew O’Hagan has called ‘inspired ignorance’ as a core element of artistic creativity. However, the narrator points to the moral ambiguity of this kind of order and ‘Form’ [form]; it implies ‘Zucht’ [discipline] but also ‘moralische Gleichgültigkeit’ [moral indifference] and a threat to masculine ideals of rational knowledge and the scientific search to explain the unknown (p. 455; Luke, p. 207). We thus see the artist complete, but over time he has been caught in what Nietzsche criticised in modern culture: the overemphasis of Apollonian restraint, yet Aschenbach displays the *naiv* resolve to ignore scientific *Wissen*. At this point Mann thus displays an ambiguous reception of Nietzsche, on the one hand Aschenbach is cast as an artist figure caught in Apollonian restraint that leads

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26 Luke translates ‘zarten Schultern’ with ‘they were not broad’, p. 204.

27 Otis, p. 155.

28 Vickers, *Coleridge and the Doctors*, p. 1.

29 Havelock Ellis, *Studies in The Psychology of Sex*, III, p. 332.

30 Friedrich Nietzsche, *Die Geburt der Tragödie*, III/I, p. 114; Haussmann, p. 140.

to stasis which Nietzsche criticized in modern culture, nevertheless, Aschenbach's resolve to ignore science, as demanded by Nietzsche, shows him as a figure that also resists the rational worldview and the enthusiasm for science at the time.

The chapter culminates in the description of Aschenbach in a case-like factual manner:

Gustav von Aschenbach war etwas unter Mittelgröße, brünett, rasiert. Sein Kopf erschien ein wenig zu groß im Verhältnis zu der fast zierlichen Gestalt  
[Gustav von Aschenbach was of less than average height, dark and clean-shaven. His head seemed a little too large in proportion to his almost delicate stature] (pp. 456-457; Luke, p. 208)

The body presented by Mann bears curious aspects such as the proportion of a large head to a small body and the delicate build bears ambiguous connotations in terms of gender. His body is delicate and feminine pointing to Aschenbach's queer identity. Furthermore, the face of the artist shows the traces of 'geistiger Abenteuer' [intellectual adventures] (p. 457; Luke, p. 209). Mann establishes the close connection between art and the body as the narrator suggests that it was 'die Kunst gewesen, die hier jene physiognomische Durchbildung übernommen hatte' [it was art that had here performed that fashioning of the physiognomy (p. 457; Luke, p. 208)]. However, overall it is a 'contained' appearance and a personality dedicated to avoiding 'overexertion' in order to remain the honoured artist personality. By means of hygiene and discipline, Aschenbach exercises control and order over his life, art, and a body that bears signs of a queer identity, told from the outward, doctor perspective. The artist, as a result of his preoccupation with rationality and hygiene, eventually suffers from 'Hemmung' [inhibition] and 'Unlust' [distaste] therefore losing the ability to create (p. 448; Luke, p. 201). 'Inspired Ignorance' thus has been replaced by defence mechanisms.

In the third chapter the journey to Venice begins, told from Aschenbach's perspective. Suddenly the traveller Aschenbach finds himself surrounded by strange figures. However, in my opinion Aschenbach chooses to see certain things, and I argue for a changed perception of the artist. I concur with Laura Otis who argues that at the beginning of the journey a sense of membrane boundaries as permeable and unstable comes to the fore. For the protagonist, movements of objectification and recognition become blurred. With the preparations for the journey Aschenbach's body suddenly turns into a source of conflicting emotions. Aschenbach meets his environment with sharpened senses. The traveller crossing his path is shown to have a curious appearance: 'seine Lippen schienen zu kurz, sie waren völlig von den Zähnen zurückgezogen [his lips seemed to be too short and were completely retracted from his teeth] (p. 446; Luke, p. 199). The frequency of the curious and uncanny encounters increases once Aschenbach boards the ship. First Aschenbach meets a 'buckeligen und unreinlichen' [grubby hunchbacked] seaman (p. 458; Luke, p. 210). Adjectives describing dirt and lacking personal hygiene such as the 'gelben knöchigen Fingern' [yellow bony fingers] of the administrator are



employed and produce ‘eine Entstellung der Welt ins Sonderbare’ [that the world [...] was becoming increasingly deranged and bizarre] (pp. 459-460; Luke, pp. 210-211). The defence of individual boundaries is reflected in Aschenbach’s disgusted gaze. A heightened desire to make aesthetic judgements has taken hold of Aschenbach springing from the perceived threat to his boundaries of selfhood. All this is recounted from Aschenbach’s perspective, standing on the deck of ‘der schwere und düstere Körper des Schiffes’ [the dark heavy hulk of the steamer] (p. 460; Luke, p. 211). The ship underlines a notion of collective fate and Aschenbach’s life seems tied to all the *curious* bodies on the ship. In an act of transference, he projects his growing reluctance of discipline and order onto the people around him. Simultaneous to these strong feelings of disgust, Aschenbach displays a strong affinity for beauty identifying the young boy Tadzio in the hotel as ‘vollkommen schön’ [entirely beautiful] (p. 469; Luke, p. 219). In this, he resembles Freud’s Leonardo da Vinci and his enthusiasm for beautiful boys which Freud acknowledged in his essay ‘Eine Kindheitserinnerung des Leonardo da Vinci’ [Leonardo da Vinci and a Memory of his Childhood] in 1910. His admiration has been seen as the anticipation of what Freud was to call ‘libidinal narcissism’ in 1914.<sup>31</sup>

The beautiful body is revealed as a morally dubious object in Mann’s narrative. With the geographical crossing of boundaries, a crossing of the boundaries of the individual occurs as Aschenbach suddenly feels the outer world intrude on him. The writer, who is meant to mentally live through his creative work suddenly seems in danger of losing his Apollonian distance. This development is on the one hand reflected in the shifting narrative perspectives of the novella. Furthermore, with his sharpened eye for the ugly, clear-cut categories become blurred and movements of identification and dis-identification conflate. In addition to his admiration for beauty Aschenbach now displays a ‘Verlangen nach dem Hässlichen’ [longing for the ugly].<sup>32</sup> The ambivalent body established here becomes complicated further when disease sets in and bodily disorder turns into an aphrodisiac. Mann chooses disease, in the form of the cholera, and case history narrative elements of objectification and recognition, to explore the lost balance of the artist through modern medical paradigms. Aschenbach turns into a Faustian figure who gives in to *Natur* and thereby neglects the masculine ideals of the Goethean hero. The blurred boundaries between the individual and the collective find its concretisation in the medical phenomenon of the cholera which I shall now consider.

In his comprehensive collection of the material Thomas Mann assembled whilst

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31 In *Studien zu Mythos und Psychologie*, p. 135, Manfred Dierks argues convincingly that Mann might have anticipated the psychoanalytic theory of narcissism but there is no explicit discourse on psychoanalysis. I will therefore ground my analysis in the exploration of the medical case history of Gustav von Aschenbach and the artist archetype he erects;

Sigmund Freud, ‘Zur Einführung des Narzißmus’, in *Gesammelte Werke*, 4<sup>th</sup> edn, X: Werke aus den Jahren 1913-1917, 148-170; translation: Sigmund Freud, ‘On Narcissism: An Introduction’, in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. by Strachey, 1<sup>st</sup> repr. edn, XIV: On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works, 73-102.

32 Friedrich Nietzsche, *Die Geburt der Tragödie*, III/I, p. 10; Haussmann, p. 7.

writing, Terence J. Reed observes that Thomas Mann ‘das einschlägige Material sammelt’ [collects the relevant material], but he remarks that the medical material ‘in der Erzählung keine Rolle spielt’ [does not play a special role in the novella].<sup>33</sup> Indeed, in the first two chapters of *Death in Venice* there seems to be a blank space where medical knowledge and the doctors stood in *Buddenbrooks*. However, I disagree with Reed in regards to the overall content of the novella. Reed misses the underlying medical themes that inhabit the narrative, and the fact that Mann creates a case history in *Death in Venice*. Moving from the Aschenbach case to the sources, I will look at the specific texts Mann relies upon and the ways in which Mann addresses modern medical fears that I have previously outlined. Mann’s notes show that he did engage with encyclopaedic texts, public medical knowledge and contemporary *Hygiene* discourse. Mann made extensive use of the ‘cholera’ article in the 14<sup>th</sup> edition of the *Brockhaus* which he quotes from extensively.<sup>34</sup> I am particularly interested in how Mann appropriates this medical knowledge and the ways in which he takes up modern medical fears and feeds the myth of illness in the novella in order to create a case history.

Losing his own sense of reality, Aschenbach puts the inhabitants of the city into the position of the diagnostician. So far he has not been able to get one of the city officials to tell him the truth about what is happening in the city, as no one is not allowed *to talk illness*. He is the patient who suspects a diagnosis, but dares the doctors to lie to him about the situation. Once again, but only implicitly, Mann’s contempt for medical personnel comes to the fore as he imagines what Erde called the ‘ethical violation’ of the rights of the patient.<sup>35</sup> The next day, after an evening in the hotel garden with a Venetian band whose singer previously had lied to Aschenbach regarding the status of the disease, he starts ‘einen neuen Schritt zur Versuchung der Außenwelt’ [a further step in his persistent probing of the outside world] approaching a clerk in an English travel bureau (p. 511; Luke, p. 256). Now, for the first time, cholera is spoken of but only behind closed doors. The clerk delivers a highly ambiguous description of the disease. Born in the Ganges delta the ‘Seuche’ [pestilence] travelled to China and Moscow. The disease is imagined spatially in miasmatic terms.<sup>36</sup> Laura Otis argues for the presence of colonial fears of the East within the medical narrative. In my view, the shifting forms of the disease point to another paradigm. From pestilence the epidemic turns into a ‘Gespenst’ [spectre] which reaches Europe via the sea, raises its ‘Haupt’ [head], and shows its ‘Maske’ [face] (p. 512; Luke, p. 256).<sup>37</sup> Surprisingly, already in the next sentence Mann employs a

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33 Terence J. Reed, *Thomas Mann. Der Tod in Venedig. Text, Materialien, Kommentar mit den bisher unveröffentlichten Arbeitsmaterialien Thomas Mann* (Munich: Carl Hanser Verlag, 1983), p. 123.

34 Art. ‘Cholera’, in *Brockhaus’ Konversations-Lexikon*, 14th edn, 16 vols (Leipzig: F. A. Brockhaus, 1894), IV: Caub - Deutsche Kunst, 254-261.

35 Edmund L. Erde, ‘Philip Roth’s *Patrimony*: Narrative and Ethics in a Case Study’, *Theoretical Medicine*, 16 (1995), 239-252 (p. 242).

36 For some of the account Mann relies on a dictionary article, Pettenkofer’s miasma theory is evident, but it also seems likely that he has read Koch’s 1884 article on the cholera.

37 I disagree with Luke on the translation of ‘Maske’ as face. This undermines the notion of the mysterious disease only showing its ‘mask’.

scientific description, speaking of the ‘furchtbaren Vibrionen’ [the dreadful vibrio] (p. 512; Luke, p. 257).<sup>38</sup> The occurrence of ‘Vibrionen’ in a narrative that relies on mythical and personified fantasies of disease, and one in which the cholera is represented within the realms of the uncanny, brings forth the narrator’s highly ambivalent attitude towards scientific positivism. Mann satirizes this clinical term. Through its appropriation he takes up the motif of the threatened perfect form once again. As Margaret Pelling observes, while Darwinism and the identification of the causes for major diseases coincided historically ‘for some, bacteriology conveyed the gloomiest of messages, a kind of biological determinism’. The narrator confronts the reader with the question of ‘how ideas about the ascent if not perfectibility of human beings, especially as social animals, [can be] reconciled with the increasing conviction that the highest of organisms could be arbitrarily destroyed by the lowest’.<sup>39</sup> The fall of the master is cast in medical terms from now on.

Mann continues with the more scientific description of the disease. It is the ‘Cholera sicca’, described by the dictionary article as the most dangerous cholera ‘die aber selten auftritt’ [of rare occurrence].<sup>40</sup> Typically for medical case narratives, he stresses the incommensurability of this particular case with the system. The *cholera sicca* meets no resistance. Mann’s narrator describes the defeated body which cannot even attempt resistance in getting rid of the ‘abgesonderte Wasser’ [massive fluid] but the patient ‘verdorrt’ [becomes dehydrated] and is suffocated by his ‘pechartig zähe gewordenem Blute’ [blood would thicken like pitch] (p. 513; Luke, p. 257). Even though the narrator describes the course of the disease, he does not reveal the area of the body that the disease is actually situated in leaving a knowledge gap. The *Brockhaus* and other contemporary sources dedicate long texts to the systematic classification of the disease. Like Edgar Allan Poe in ‘The Case of M. Valdemar’ Thomas Mann generates space in order to create his own version of the seat of the disease in the dream scene. He thus transcends the form of the medical case narrative and emphasises the hybridity of the genre.

From the characterisation of the effects on the individual body, the narrator goes on to describe the impact the disease has on city life. Before Aschenbach renounces rationality and discipline altogether, he becomes entangled in a daring game of projection where the city turns into the ‘other’. The clerk tells of a ‘gewissen Entsittlichung’ [a certain breakdown of moral standards] of the ‘unteren Schichten’ [at the lower social levels] as the result of the disease taking hold of the city (p. 514; Luke, p. 258). Dimensions of clear-cut identity are blurred here. Typically for the case history, moments of identification and dis-identification take turns. The city, its inhabitants, and Aschenbach all become affected ‘patients’ of the disease, as the narrator draws a collective case history of cholera. The idea of *cultural* contagion is therefore

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38 Once again I disagree with David Luke’s translation of ‘comma bacilli’, as Mann has chosen not to apply the scientific term ‘Kommabazillen’ but refers to its colloquial name ‘furchtbare Vibrionen’ [dreadful vibrio];

Art. ‘Cholera’, *Brockhaus*, IV, p. 256.

39 Pelling, p. 316.

40 Art. ‘Cholera’, *Brockhaus*, IV, p. 257.

introduced. A whole culture close to the abyss takes recourse to the notion of ‘der große Ekel’ which afflicts Nietzsche’s Zarathustra as a ‘multifaceted disgust of contemporary culture’ wherein lies the ‘disgust of life itself’.<sup>41</sup> The account of the English clerk balances this as it represents a humanitarian narrative in that it provokes in Aschenbach a dilemma over whether to take ‘precise social action’ and to approach Tadzio’s mother and tell her that ‘Venedig ist verseucht’ [Venice is plague-ridden] and through this revelation, uphold moral standards (p. 515; Luke, p. 258).<sup>42</sup> But Aschenbach refrains from doing so and the masculine ideal of the rational scientist-physician and the brave Goethean Olympian is complicated further by his refusal to share this knowledge. Instead, the narrator propagates a metaphysical perception of illness here. Mann uses the modern bacteriological explanation of the democratising effect of bacteria to create a space where Aschenbach thinks he can achieve what he longs for: unity with Tadzio. Rather than as a disease which afflicts everyone equally, as suggested by bacteriology, through cholera Tadzio and Aschenbach mount their narcissistic spectacle and masculine identity is challenged. Hence Mann subverts the concept of democratic disease to individualistic effect.

Now the author resumes the case narrative of Gustav von Aschenbach. The motif of agency is not only reflected in Aschenbach’s decision to keep quiet and remain in Venice, but it is also mirrored in his declining sense of hygiene as he learns to appreciate the ‘Vorteil[e] des Chaos’ [the advantages of chaos] for his imagination (p. 515; Luke, p. 259). Gustav von Aschenbach himself is not described as suffering from cholera-like symptoms. He is feverish beneath his make-up, feels ‘leidend’ [unwell]. However, his symptoms such as ‘Schwindelanfälle’ [waves of dizziness] are identified as only ‘halb körperlic[h]’ [only half physical] (p. 522; Luke, p. 265). Instead disorder is tied closely to Aschenbach’s appearance. At first his wardrobe is impeccable, he seems very prim and proper. The longer he stays in Venice, however, the less consistent his standard of hygiene becomes. Mann takes recourse to contemporary hygiene discourse which situated the issue of hygiene as a specifically modern condition tied to the question of agency. The *Brockhaus* urges the reader to take seriously ‘Vermeiden von Erkältungen, Diätfehlern und allen Excessen’ [avoidance of colds, errors in diet and all forms of excess].<sup>43</sup> *Meyers Großes Konversations-Lexikon* recommends ‘sich zuverlässig die Hände reinigen’ [frequently wash hands].<sup>44</sup> These commonly held hygiene standards are contrasted with Aschenbach’s behaviour on his trip into the ‘Gewirr der kranken Stadt’ [the depths of the sick city]. He buys strawberries, ‘überreife und weiche Ware’ [overripe and soft strawberries] and eats them whilst walking, presumably with his hands (pp. 520-521;

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41 Elizabeth Boa, ‘The Aesthetics of Disgust in *Der Zauberberg*’, *Publications of the English Goethe Society*, 78/3 (2009), 131-146, p. 138.

42 Laqueur, p. 178.

43 Art. ‘Cholera’, *Brockhaus*, IV, p. 259.

44 Art. ‘Cholera’ in *Meyers Großes Konversations-Lexikon. Ein Nachschlagewerk des allgemeinen Wissens*, 6th edition, 31 vols (Leipzig: Bibliographisches Institut, 1903), IV: Chemiker bis Differenz, 88-89 (p. 89).

Luke, p. 263). The protagonist is thus not only committing ‘diätetische Verstöße’ [breaches of dietary regime], but also hygienic ones.<sup>45</sup> The long tradition in Graeco-Roman medicine which holds that health depends on metabolic processes based on individual dietetic habits is evident here. Doctors like the Swiss nutrition specialist Max Bircher-Benner (1867-1939) and Heinrich Lahmann (1860-1905), who Thomas Mann was treated by, tied personal hygiene closely to morality and psychological health.<sup>46</sup> In 1911 the first ‘International Hygiene Ausstellung’ was held in Dresden where ‘das gewaltige Gebiet der menschlichen Gesundheitspflege’ [the vast field of human healthcare] was explored.<sup>47</sup> The myth of hygiene which suggests that cleanliness also brings health has already been implanted into the first characterisation of Aschenbach when we learn that he combats disease with a strict regimen of hygiene and discipline. The hygiene myth holds the individual responsible for his health, while simultaneously tying ideals of masculinity to health, a notion with which Aschenbach complies.

Analysis has revealed that instead of a subordinate dimension, the medical is transformed into the voice of modernity, as the cholera and its literary possibilities are explored. Medical discourse is granted more space than in *Buddenbrooks* due to the fact that Mann assigns it a specific ‘forme’ producing mythologies.<sup>48</sup> Once again the perfect masculine form is challenged by immoral acts, but this time individual agency attains a higher significance. Where in *Buddenbrooks* hereditary degeneration allowed only for types rather than individuals, hygiene and morality have now come to the fore along with the possibility of individual agency. Where previously the emphasis for health was placed on inheritance, now the task is on the individual to keep up his levels of hygiene. The concept of degeneration has been replaced by the perception of wellbeing as individual choice. At the same time a connection to Carl Gustav Jung seems plausible here as Aschenbach’s disease is anticipated through the city. Jung took up the notion of German *Naturphilosophie* arguing that individual psychology moves in sync with a collective unconscious psyche. In the course of the narrative, the characters turn into types and illness becomes a mythical force and an existential position which again bears similarities to Jung’s thinking.<sup>49</sup> With *Death in Venice* Mann establishes a narrative that paradoxically ties

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45 Heinrich Lahmann, *Die diätetische Blutentmischung als Grundursache aller Krankheiten. Ein Beitrag zur Lehre von der Krankheitsdisposition und Krankheitsverhütung*, 3rd edn (Leipzig: Verlag Otto Spamer, 1894), p. 114.

46 For a concise overview over the doctors Thomas Mann was treated by: Rütten, p. 144; The well-known psychiatrist Griesinger stresses in 1867 that ‘auf strenge Reinlichkeit des Körpers [...] ist aufs sorgfältigste zu achten’ in order to keep up psychiatric health. Griesinger, p. 494. Bircher-Benner in his sermon like popularized explorations extends hygiene to nutrition and claims that ‘Die energetische Ernährungstherapie bildet die erste Grundlage einer wissenschaftlichen Therapie innerer Krankheiten’. Max Bircher-Benner, *Grundzüge der Ernährungs-Therapie auf Grund der Energetik*, 3rd edn (Berlin: Salle, 1909), p. 243.

47 *Offizieller Führer durch die Internationale Hygiene-Ausstellung Dresden 1911 und durch Dresden und Umgebung* (Berlin: Rudolf Mosse, 1911), p. 43.

48 Barthes, *Mythologies*, p. 193.

49 As Manfred Dierks points out, Mann and Jung both move towards classical myth and its arsenal of types at roughly the same time, between 1910 and 1912. Dierks holds that Mann was always closer to Jung’s thinking which stands in contrast to Mann’s declared affinity with Sigmund Freud. Manfred

together collective and individualizing aspects of illness.

In the narrative, the voice of medical positivism provides themes of fear for the modern individual, but no answers or cure. This tendency is reinforced by the missing figure of the doctor. The difference from the Buddenbrook family is that Aschenbach does not seek treatment and Mann has replaced the doctor figure. There is the street singer, who performs in the hotel one night in the shape of a Mephistopheles figure. With his 'rhythmisch irgendwie geordnetes, aber sehr natürlich behandeltes Lachen' [burst of laughter, to some extent rhythmically ordered but treated with a high degree of naturalism] (p. 509; Luke, p. 254) he configures the devil doctor, later taken up in Mann's novel *Doctor Faustus* (1947). Indeed Aschenbach turns into the modern Faustus who refrains and longs for the 'Wissensmeere' [the ocean of knowledge], as Nietzsche observed.<sup>50</sup> The only 'doctor figure' to achieve some practical success is the coiffeur, who provides Aschenbach with a 'mask', which echoes Nietzsche's notion that everything is aesthetic. Instead of returning to health, Aschenbach, like Thomas Buddenbrook, chooses the path of disguise and a 'doctor' who can recreate 'einen blühenden Jüngling' [a young man in earliest bloom] from an old man (p. 519; Luke, p. 262). In an act of vicarious living, Aschenbach is turned into his own, previous horrific vision of the 'Jüngling' right at the beginning of his journey. The modern idea of the body as fixable is applied here, but the medical view has been replaced by that of the 'Kosmetiker' [cosmetician] (p. 519; Luke, p. 262) who stands for a 'rein ästhetische Weltauslegung' [purely aesthetic world-interpretation].<sup>51</sup> The success achieved is hollow and Aschenbach is now 'in need of the compassion he once scorned' as Terence J. Reed observes.<sup>52</sup> Philip Roth will allude to this scene in his novel *The Anatomy Lesson* (1980), as I shall discuss in Part Four.

As noted earlier, the clerk's narrative leaves open central facts surrounding the disease, such as which organs are affected by it. In the dream scene Mann establishes a correlation of bodily disorder and art, developing his own case narrative of the cholera further. In the context of the strong links Mann establishes with Greek culture, the significance of dreaming for cure is notable. Throughout the cult of Asclepius it was believed that patients were healed by the God in their sleep through dreams that the priest was then to decipher.<sup>53</sup> Since antiquity, the principal use of dreams as diagnostic tools in medical practice was common and 'dreams were taken as disclosive of bodily states'.<sup>54</sup> This makes the dream a highly ambiguous scene where concepts of cure and death stand incredibly close to one another. Mann goes a step further than in *Buddenbrooks*: the reader is now allowed to see the protagonist live who decides to go down the 'fremden, heißen Wege'. Stable notions of identity are constantly challenged; Aschenbach reads

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Dierks, 'Typologisches Denken bei Thomas Mann mit einem Blick auf C. G. Jung', *Thomas-Mann-Jahrbuch*, 9 (1996), 127-154 (p. 148).

50 Friedrich Nietzsche, *Die Geburt der Tragödie*, III/I, p. 11; Haussmann, p. 137.

51 Ibid. p. 9.

52 Reed, *The Making of a Master*, p. 69.

53 Porter, *The Greatest Benefit to Mankind*, p. 53.

54 Sonu Shamdasani, *Jung and the Making of Modern Psychology. The Dream of a Science* (Cambridge: Cambridge University Press, 2003), p. 111.

the city and simultaneously the narrator reads him with the ordered account of disease challenged in Aschenbach's dream scene. The body becomes distorted and unbound in a world where Dionysian forces reign. Manfred Dierks has argued that it is here that the subject is swallowed up from its 'Individuation' [individuation]<sup>55</sup> in a 'großen Traum, den jenes Eine Wesen träumt' [the great dream, dreamt by the one being].<sup>56</sup>

Collective dreaming also raises the question of Jungian influence. In recent years a certain consensus between Jung's analytic psychology of the collective unconscious and Schopenhauer's core assumptions have been confirmed.<sup>57</sup> Jung pointed out that his notion of the unconscious had roots in the philosophy of Romanticism. Schelling and others had turned to the unconscious in order to be able to engage with the dark sides of nature and the soul, as Günther Gödde observed.<sup>58</sup> Carl Gustav Carus was the first to systematise the newly arisen understanding of the unconscious, as Matthew Bell has shown.<sup>59</sup> In Romanticism 'the poetic qualities of the dream' had been stressed and dreaming was perceived as providing a 'deeper revelation of the essence of being'.<sup>60</sup> Freud had already introduced the dream as the vehicle of the unconscious when Jung came to conceive of the psyche as 'experience' that manifested itself in collective symbols.<sup>61</sup> The influence of Jung for Mann has been subject to debate. Manfred Dierks holds that Jung, and indeed Freud, is yet another means for Mann to modernise his conservative Schopenhauerian and Nietzschean view.<sup>62</sup> I will now investigate the role of cholera for the dream process. The collapse of boundaries in the dream can be related not only to the collapse of spatial, but also to that of membrane boundaries. This modern medical fear will be investigated here as well as the reciprocal movements of individualisation and de-individualisation the narrative course takes. Eventually Mann creates a new seat of the cholera.

The night after the conversation with the clerk, Aschenbach has a 'furchtbaren Traum' [terrible dream], which the narrator describes as a 'körperhaft-geistiges Erlebnis' [a bodily and mental experience], leaving shattered 'die Kultur seines Lebens' [the culture of a lifetime] (pp. 515-516; Luke, p. 259). This definition of the dream as experience of a sensual and simultaneously intellectual nature evokes the Schopenhauerian notion of somnambulism, as Manfred Dierks has observed.<sup>63</sup> In his essay 'Versuch über das Geistersehen und was damit

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55 Dierks, *Studien zu Mythos und Psychologie*, p. 43.

56 Arthur Schopenhauer, *Parerga und Paralipomena*, in *Arthur Schopenhauer. Sämtliche Werke*, ed. by Arthur Hübscher, 2nd edn, 7 vols (Wiesbaden: Eberhard Brockhaus Verlag, 1946), V/I, p. 234.

57 Manfred Dierks, 'Thomas Mann und die Tiefenpsychologie', in *Thomas-Mann-Handbuch*, ed. by Koopmann, 284-300 (p. 290).

58 Günther Gödde, 'Freud and Nineteenth-Century Philosophical Sources on the Unconscious', in *Thinking the Unconscious; Nineteenth-Century German Thought*, ed. by Angus Nicholls and Martin Liebscher (Cambridge: Cambridge University Press, 2010), 261-286 (p. 263).

59 Matthew Bell, 'Carl Gustav Carus and the science of the Unconscious', in *Thinking the Unconscious; Nineteenth-Century German Thought*, ed. by Angus Nicholls and Martin Liebscher (Cambridge: Cambridge University Press, 2010), 156-172.

60 Shamdasani, pp. 108-109.

61 Ibid., p. 166.

62 Dierks, *Studien zu Mythos und Psychologie*, p. 128.

63 Ibid., p. 43.

zusammenhängt' ['Essay on Spirit Seeing and Everything Connected Therewith'] (1891) Schopenhauer locates physiologically the 'Sinneseindrücke' [sensations] conceived in somnambulism. It is one of six essays of the two volume work *Parerga and Paralipomena* which brought Schopenhauer a wide readership to which he disseminated his 'philosophy for the world'.<sup>64</sup> The essay is unusual in style and content, representing a tribute to Schopenhauer's deep interest in occult phenomena. It offers an idealistic account of such phenomena suggesting that 'the basis of these phenomena connotes a *nexus metaphysicus* underlying the physical order of things'.<sup>65</sup>

Schopenhauer's narrative conveys contemporary medical ideas on the nature of dreaming which then feed into Mann's narrative. He takes up the popular conviction that those affected by somnambulism can see by means of their 'Magengegend' [stomach area].<sup>66</sup> He eventually locates the ability of vision in the brain, but holds that 'das Bauchgangliengeflecht' [the abdominal ganglionic nexus] becomes central in that 'das Wesen an sich der Dinge [...] mittelst des Gangliensystems bis zum Gehirn sich fortpflanzt' [the essence of things reaches the brain by ways of the ganglionic system]. He concludes that the stimulation of the brain comes 'aus dem Inneren des Organismus' [from inside the organism].<sup>67</sup>

Despite his conclusion suggesting a 'Traumorgan' [dream organ], Schopenhauer's discussion reveals that somnambulism and the gastro-intestinal system bear strong cultural links and have often been associated with one another. This allows for new insights into the role of the cholera. Indeed, Schopenhauer's original proposition assumes that the dream is produced in the 'Bauchgangliengeflecht', which is situated close to the 'Darm' [intestines] where Koch located the cholera bacillus in his 1884 speech.<sup>68</sup> Thus the disease has its physical seat in the same area where somnambulism, the creative act of seeing, had previously been situated. Therefore the cholera cannot only be considered as a physical pathway for Aschenbach's heightened state of mind. With Aschenbach's somnambulism medical findings and cultural conceptions of creativity converge in the 'Bauchgangliengeflecht'.

Now the seat of the cholera and the seat of the imagination are situated in the same body part and the boundaries, in this instance, between nature, here the body in disorder, and creativity become dismantled. In respect to creativity, body and mind violently converge within the dream narrative where Aschenbach is swallowed up in 'Leibern, Flammen, Tumult und taumelnden Rundtanz' [with bodies, with flames, with tumult and frenzied dancing] (p. 516; Luke, 260). The dissolution of these boundaries allows the fear of permeable membrane boundaries to come to the fore once again. Laura Otis has identified the dream scene as 'the

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64 Art. 'Parerga and Paralipomena', in *Historical Dictionary of Schopenhauer's Philosophy*, ed. by David E. Cartwright (Lanham: The Scarecrow Press, 2005), 118-122 (p. 118).

65 Cartwright, p. 121.

66 Arthur Schopenhauer, *Parerga und Paralipomena*, V/I, p. 260.

67 Ibid., p. 260.

68 Koch, p. 41.



entry of germs into the human body'.<sup>69</sup> From the 1880s onward, germ theory 'had posited all people as potential victims and carriers of the disease'.<sup>70</sup> In the scene the boundaries between the individuals break down and people 'stießen die Stachelstäbe einander ins Fleisch' [thrust prods into each other's flesh]. Aschenbach is one of them in his dream 'mit ihnen, in ihnen' [with them and in them] he belongs to the God in a 'grenzenlose Vermischung' [limitless coupling] (p. 517; Luke, p. 261). This resonates once more with Schopenhauer's idea of the 'unmittelbare Einwirkung der Individuen auf einander' [the immediate impact of individuals on one another] in the somnambular state of mind.<sup>71</sup> Now 'Trennungen' [separations] have become less absolute.<sup>72</sup> This also evokes the notion of Jung's concept of the collective unconscious. Aschenbach's mind enters a state of pre-modern, archetypical imagery in the dream. The longing to overcome separation from Tadzio is translated into the angst-ridden dream experience. In a specifically Jungian turn, the dream becomes the '*via regia* into cultural history'.<sup>73</sup> Through the mythological setting of the dream Mann thus enforces the collective stance of the scene and the threat to individuality it poses.

The other organ where Schopenhauer situates somnambulism is the brain. The narrator takes up this notion when he tells us that Aschenbach feels 'sein Gehirn kreiste' [his brain whirled] (p. 517; Luke, p. 260). Mann had previously used the symbolism of the revolving brain in *Buddenbrooks* when Thomas feels that his brain is being taken up and swung in concentric circles before it is dashed against the 'steinharten Mittelpunkt' [stone-hard centre] (p. 680; Woods, p. 657). Now Mann lets his symbolism of illness mount into a 'Raserei des Untergangs' [lascivious delirium of annihilation] which the affected brain imagines (p. 517; Luke, p. 261). Thus disease is tied directly to the brain producing imagination and functioning as an aphrodisiac in its imagination of the apocalypse. The cholera turns into both an aphrodisiac for, but simultaneously a threat to, *Kultur* and the principle of Apollonian order and restraint. At this point Mann's narrative emphasises the chaos quality of illness and 'life's fundamental contingency'.<sup>74</sup> Bodily disorder is depicted as having an uncontrollable impact on the imagination letting the brain conjure up scenes which stand outside the cultural norm. This has already been hinted at with the taboo surrounding the disease in the city of Venice, and the fact that the narrator keeps open where the cholera is situated. Now he creates his very own 'seat' for the disease. The brain and the 'Bauchgangliengeflecht' present the motor of the imagination and therefore the *nexus metaphysicus*. The body in chaos has become the vehicle for artistic interiority and at the same time its greatest threat in the case history of Gustav von Aschenbach that Thomas Mann relays.

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69 Otis, p. 165.

70 Ibid., p. 153.

71 Arthur Schopenhauer, *Parerga und Paralipomena*, V/I, p. 322.

72 Ibid., p. 280.

73 Shamdasani, p. 138.

74 Frank, *The Wounded Storyteller*, p. 102.

### 3.4 Conclusion – merged: the seat of illness and the seat of the imagination

Several conclusions flow from an analysis of the role of medical narrative in the novella. Chief amongst them is the discovery that in *Death in Venice* the interiority of the master is established on the grounds of a modern myth of hygiene and an ambiguous notion of the Apollonian edifice which Mann consequently sets out to tear down as he presents life under ‘altered conditions’. As such, ideals of masculinity and individualisation become complicated. The analysis has revealed that Thomas Mann raises the taboo to analyse the status of illness, but in the course of the novella he lets his characters transcend this taboo in order to develop further his myth of illness. Mann applies the medical case narrative and transcends its boundaries by subtly replacing clinical knowledge with his own mythological conceptualisation of the cholera which, nevertheless, always remains closely tied to contemporary medical thinking. In this context it becomes clear that next to the mythological and psychological dimensions, the medical case narrative configures an independent, distinctly modern paradigm in the narrative.

With the contagion theme, Mann has brought in a medical term closely linked to conceptualisations of literary influence and with it he provides a new conceptualisation of disease that lies ever closer to the concept of art. Here the fear in regards to modern medical findings has become an important point of departure. The modern fear of permeable membrane boundaries and a democratic view of disease are reflected in Aschenbach’s increasing sense of the loss of the ‘*principii individuationis*’ which, according to Schopenhauer, separates human beings but can be overthrown by the will, that could be identified at the beginning of the journey.<sup>75</sup> His disgust and loathing when confronted with bodily disorder produces a longing for separation and individuality, counterbalanced by a sense of identification with and appreciation of beauty. This produces a double-movement of individualisation and de-individualisation. The fear of permeable boundaries is closely related to the fear of the social body and collective places such as the city of Venice. The city becomes the great patient and the space to project fears upon, as well as the locus of movements of recognition and objectification. As a consequence, it is possible to detect yet another modern phenomenon, the fear of dirt and consequently the hygiene movement. The discourse on hygiene is highly charged with morality and also the issue of individual agency comes to the fore. Mann once again points out that the world is morally configured and that illness can never be merely a matter of science due to the role of individual responsibility. Thus medical fears are closely related to the author’s concept of the artist, and constitute a second conclusion to be drawn from the analysis.

It transpires that in the novella the language of positivism is more prominent and is granted more textual space than in *Buddenbrooks*. It is also, however, satirized. Through his cases Mann plays the ‘ambivalence in the act of interpretation’ creating a third space in

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<sup>75</sup> Arthur Schopenhauer, *Parerga und Paralipomena*, V/I, p. 322.

Bhabha's sense.<sup>76</sup> Medical and scientific knowledge remain highly ambivalent to the artist and he neglects their authority. Nietzsche's notion of the 'verführerischen Ablenkungen der Wissenschaft' and his critique of the modern emphasis on rationality and science is evident.<sup>77</sup> The *naiv* prohibition for the artist to gain *Wissen* remains powerful and contributes to his 'moral indifference', nevertheless illness moves to the core of Mann's discussion on art. Clear-cut ideals of masculinity are relinquished through Aschenbach's turn away from the male sphere of science in the form of a medical explanation of cholera. The prohibition of science must remain powerful for now, as the novella can be seen as an experiment whereby the author needs the body in disorder to move from cultural norms of masculinity towards the artistic self.

In his opaque discourse on the cholera Mann generates space in order to create his personal myth of illness. In the figure of Gustav von Aschenbach Mann shows his affirmation of Nietzsche's thoughts on science, rationality and a movement away from the Apollonian towards the Dionysian. Cure and the equilibrium of the forces can be no prospect at this point. The author uses medical discourse selectively to create his own seat of the cholera as a site where illness, creativity, and interiority converge. Mann thus delivers a case narrative of the cholera that both relies on and satirizes clinical discourse. Gustav von Aschenbach's longing for the *sentimentalisch* infinite he creates is told as a medical case. Eventually *Death in Venice* arrives at what is to become the status quo in the Bildungsroman *The Magic Mountain*: a highly ambiguous stepping-stone to get to know the self through illness.

### 3.5 Thomas Mann's 'medical book': the educative body on *The Magic Mountain*

In the following investigation of *The Magic Mountain* I will illustrate how Mann develops further his aesthetic position on the grounds of medicine. I argue that he vindicates the *sentimentalisch* consciousness of the artist through the medical case of Hans Castorp, which is fashioned as a journey towards a greater capacity to be disturbed and to understand art. In his 1925 article 'Die Seelenverfassung der Tuberkulösen' [The Psychological Constitution of tuberculosis Patients] Ernst Haase, an assistant doctor at the *Städtisches Krankenhaus Berlin-Moabit*, praises Thomas Mann's treatment of tuberculosis in *The Magic Mountain*. Before he sets out to deliver an analysis of the tuberculosis psyche, Haase writes:

Der Autor [Thomas Mann] versenkt sich mit liebevoller Genauigkeit in das Leben und Treiben der Sanatoriumsinsassen und berücksichtigt mit dichterischer Einfühlungsgabe die seelischen Ausstrahlungen dieser den ganzen Menschen packenden Krankheit.<sup>78</sup>

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<sup>76</sup> Homi K. Bhabha, 'Cultural Diversity and Cultural Differences', <<http://monumenttotransformation.org/atlas-of-transformation/html/c/cultural-diversity/cultural-diversity-and-cultural-differences-homi-k-bhabha.html>> accessed 21.5.2013.

<sup>77</sup> Friedrich Nietzsche, *Die Geburt der Tragödie*, III/I, p. 114.

<sup>78</sup> Tuberculosis will subsequently be referred to as TB; Ernst Haase, 'Die Seelenverfassung der Tuberkulösen', *Die Therapie der Gegenwart. Medizinisch-chirurgische Rundschau für praktische Ärzte*, 27 (1925), 278-284 (p. 278). Haase argues that the state of

[The author immerses himself with loving exactitude in the lives and doings of the patients and with poetical empathy explores the effect of this disease that affects the person as a whole.]

The fact that Haase conceives of the disease as affecting the whole person shows that, contrary to the medical view today, TB was then seen as more than simply a bacterial infection affecting in most cases the lungs.<sup>79</sup> Once Haase begins to analyse the psychological constitution of TB patients, it becomes clear that a remarkable thing has happened here: in *The Magic Mountain* the author of fiction Thomas Mann had created cases that were taken seriously as case histories within the medical profession. This transgression of genre boundaries bears striking similarity with Edgar Allan Poe's short story 'The Case of M. Valdemar' which was also considered as a scientific text by some of Poe's contemporaries.<sup>80</sup> My analysis will demonstrate the ways in which Mann explores the hybridity of the case history. *The Magic Mountain* has rightfully been described as a novel which stages a 'alles menschliche Wissen unfassenden [...] Diskurs' [discourse encompassing all things human] by Helmut Koopmann.<sup>81</sup> However, as pointed out in the Introduction, there has been a tradition within Mann criticism to perceive medicine as a phenomenon without its own narrative implications. In my analysis I will provide a counter-balance to this approach by looking at the role medical detail plays in the intellectual formation of Hans Castorp, who starts his journey as a selfish and superficial but also sensuous young man.

Prior to *The Magic Mountain* bodily disorder had been a major theme in Mann's work, but medical discourse had not yet become the basis of his fiction. Now he casts the experience of illness as a spiritual process of expansion. In a letter to Josef Ponten in 1925 Mann maintains that for Hans Castorp 'Das Erlebnis von Krankheit, Tod, Verwesung die Idee des Menschen erwächst' [From the experience of illness, death, and decay grows the idea of man].<sup>82</sup> Taking seriously this self-interpretation of the author, I will explore how Thomas Mann imagines the medicalization of life in his novel. In particular I will consider what happens to the gaps and fractures in the depiction of disease which were evident in *Death in Venice* and *Buddenbrooks*; where the fear of modern medical phenomena and a prohibition to speak about them used to stand, an individual vision emerges. Curiosity has now taken over on the part of the protagonist culminating, as Martin Swales points out, in a reciprocal process of 'Bildung and Unbildung'

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tuberculosis produces specific psychological dispositions in the patient and that TB patients can be healed if their psyche is taken into account.

79 World Health Organization, *Global Tuberculosis Report 2012*,  
<<http://www.who.int/topics/tuberculosis/en/>> [accessed 16 July 2012].

80 Edgar Allan Poe, 'The Case of M. Valdemar', in *The Complete Stories* (London: Everyman's Library, 1992), 829-837;

Pethes, 'Epistemische Schreibweisen', p. 6.

81 Helmut Koopmann, 'Naturphilosophie im *Zauberberg*', in 'Der Zauberberg' – *die Welt der Wissenschaften in Thomas Mann Roman*, ed. by Dietrich von Engelhardt and Hans Wißkirchen (Stuttgart: Schattauer, 2003), 124-136 (p. 125).

82 Thomas Mann in a letter to Josef Ponten, 5 February 1925, in *Briefe I*, 230-232 (p. 232).

[education and de-education].<sup>83</sup> Swales participates in the debate on the novel as a Bildungsroman in the tradition of Goethe's case narrative *Wilhelm Meister*.<sup>84</sup> Mann himself said on the matter: 'Schon die Erneuerung des deutschen Bildungsromans auf Grund und im Zeichen der Lungentuberkulose ist eine Parodie' [The renewal of the German Bildungsroman on the basis and under the sign of TB must be understood as parody].<sup>85</sup> Accordingly Terence Reed holds that parody is central to the novel and its hero; Hans, as Reed argues, does not really accomplish or understand much and, when he does grasp something, he forgets it immediately.<sup>86</sup> I agree with Helmut Koopmann who argues that criticism has rather one-sidedly conceived of *Bildung* as located within the humanist and bourgeois sphere and has not acknowledged the medical scientific sphere.<sup>87</sup> I am therefore concerned with Hans Castorp's intellectual and emotional awakening which takes place in the context of sickness and death.

Mann depicts a young man in search of direction and a firmer grasp of the symbolic order. Against this background the abject as defined by Julia Kristeva will serve as a means to analyse Hans's development and is linked to the psychoanalytic discourse in the novel. In my view Mann precedes Kristeva in his depiction of Hans learning about death and life through a confrontation with disease. In this way he rids himself of an idealisation of death as 'das allein Vornehme' [the sole sign of nobility], as he points out in a letter following the publication of the book.<sup>88</sup> The process of registering otherness is closely linked to the realm of illness and medicine as will the analysis show. The sphere of illness becomes a means through which 'to achieve a description' of the self which Philip Roth takes up later.<sup>89</sup>

By creating Hans Castorp's TB case history Mann is able to explore the boundaries of medical discourse concerning the aetiology of physical disease. Kristeva directly connects the abject to the Freudian superego when she writes 'To each ego its object, to each superego its abject.'<sup>90</sup> I will demonstrate how the underlying structure of the novel is also informed by psychoanalytic case writing with the example of Freud's case history 'Dora' (1905).<sup>91</sup> Beginning with the family history, the turn towards illness, education of the patient, cathartic

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83 Martin Swales, *Mann. Der Zauberberg* (London: Grants and Cutler, 2000), p. 45.

84 Johann Wolfgang Goethe, *Wilhelm Meisters Wanderjahre*, in *Sämtliche Werk. Briefe, Tagebücher und Gespräche*, ed. by Hendrik Birus and others, X: Wilhelm Meisters Wanderjahre; translation: Johann Wolfgang Goethe, 'Wilhelm Meister's Journeyman Years or The Renunciants', in *Goethe. The Collected Works*, ed. by Gearey, X: Conversations of German Refugees, Wilhelm Meister's Journeyman Years, trans. by Krishna Winston and ed. by Jane K. Brown, 93-440.

85 Thomas Mann in a letter to Ernst Fischer, 25 May 26, in *Briefe I*, 255-256 (p. 256).

86 Reed, 'Thomas Mann und die literarische Tradition', p. 115. Reed argues further that that the novel can be considered a Bildungsroman in that it reflects Mann's own changing views from backward looking conservative nationalist to republican. *Ibid.*, p. 117.

87 With the exception of some of the works named above;

Koopmann, 'Naturphilosophie im Zauberberg', p. 129.

88 Thomas Mann in a letter to Josef Ponten, 5 February 1925. In the letter he explains further that he thinks Hans is getting disillusioned about the dignity of death against his own 'pietätvollen Widerstand' [reverent resistance], in *Briefe I*, 230-232 (p. 231).

89 Martha Saxton, 'Philip Roth Talks About His Own Work', in *Conversations with Philip Roth*, ed. by George J. Searles (Jackson: University Press of Mississippi, 1992), 77-81 (p. 80).

90 Kristeva, *Powers of Horror*, p. 2.

91 Sigmund Freud, 'Bruchstücke einer Hysterie-Analyse', V, 163-315; Strachey, VII, 3-112.

moments and prognosis, the structure of the novel bears many similarities to Freud's narrative. It is often hard to distinguish whether these are voluntary or coincidental as Mann juxtaposes an underlying psychoanalytic discourse with an open engagement with psychoanalysis. The author plays with the relationship and possible discrepancy between Hans's increasing contempt for psychoanalysis and the overall frame of the novel which often conveys the notion of a plot designed as a psychoanalytic joke.

First I will provide an overview of the medical and cultural discourse on TB between 1912 and 1924. I will then consider the reasons for Hans's turn towards the medicalization of life in the *Berghof*. I will examine the role the medical case history plays in the construction of the characters and discuss the role of *Hofrat* Behrends as a figure of medical and interpretive authority. The first clinical consultation and the X-ray procedure will be considered as ambiguous moments when modern progress and destructive forces evoke a sense of the abject, frightening Hans, enhancing his curiosity and motivating his belated turn to science. In a third step I will show how psychoanalysis is explored through the figure of Dr. Krokowski and the drama of transgression. I will demonstrate throughout that psychoanalysis avoids straightforward categorising in the novel, as it provides another step for Hans towards reality, but also ironically undermines his earnest attempts to become a learned patient. Furthermore psychoanalytic discourse, with its truth claim over the mind *and* the body, enhances the question of who is allowed to interpret 'the text of life' and whether the interpretive authorities can be trusted.<sup>92</sup> As a fourth point I consider Hans the dilettante's concrete turn to reading science and anatomy in his quest to develop 'the will to power over the text of life' through the medicalization of life.<sup>93</sup> Finally, I will explore the integrative model that the narrator develops, by linking the snow dream treated in the first section of this chapter and Mann's 1921 essay 'Goethe and Tolstoy'. Ironically, once Hans has found his own humanist vision of life he is forced to become part of the machinery of the Great War. Mannian irony thus demarcates the end of this medical Bildungsroman and leaves all forms of insight ambiguous.

### **3.6 'The great experiment' - German discourse on tuberculosis around the turn of the century**

The discourse on TB at the beginning of the twentieth century pays testimony to contradicting notions as positivist findings and older sensualist perceptions of the disease merge. With Robert Koch's discovery of the tuberculosis bacillus in 1882 and his subsequent experiments it seemed as though the development of an effective treatment of TB through, for example 'Tuberkulin' [tuberculin], was close at hand.<sup>94</sup> Yet, it would take until 1944 before the disease was cured. As

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92 Harold Bloom, *Thomas Mann's 'The Magic Mountain'* (New York: Chelsea House Publications, 1986), p. 4.

93 Ibid., p. 4.

94 Art. 'Tuberkulose' in *Brockhaus' Konversations-Lexikon*, 14th edn, 16 vols (Leipzig, Berlin, Wien: J. A., 1903), XV: Social – Türken, 1040-1042;

August Predöhl argues in the *Handbuch der Tuberkulose* in 1923, ‘Viel Fortschritt, aber noch kaum irgendwo ein Abschluß’ [a lot of progress but no sign of closure] had been achieved in what Predöhl calls in his eight-page literature review the ‘Wettkampf’ [race] to find a cure.<sup>95</sup> Virchow’s cellular pathology, Robert Koch’s bacteriology, relational pathology, anthropological medicine, and psychopathology all sought to deliver a solution to the problem of TB.<sup>96</sup> Mann has thus picked a disease that stood at the very heart of medical discourse at the beginning of the twentieth century. The disease gave constant scope for speculation and the many small experiments carried out made its treatment ‘the great experiment’ of the time.

I am particularly interested in how Mann fills the uncertainties and knowledge gaps as regards the disease, and how he uses this ‘space’ in order to create his own illness myth. Much of the tension in the novel derives from psychological as opposed to physiological explanations of the disease, which I will explore in more depth in the analysis of Dr. Behrends and Dr. Krokowski and their ‘laboratories’. Overall, I am convinced that the novel displays new levels of both confidence in and subversion of medical discourse. In the end Mann will have delivered fictional cases medicine looks at for explanation as Haase did in 1925 through Hans Castorp’s medicalization of life.

Pre-Kochian myths, such as the individual predisposition for TB, persisted within society for a long time. In literary discourse TB was still characterised by romantic discourse which imagined it as the artist’s disease par excellence.<sup>97</sup> In *Handbuch der Tuberkulose* (1923) Martin Kirchner, however, criticises the assumption that there was a TB ‘character’ which today’s research confirms. Even though Kirchner calls TB a ‘Familienkrankheit’ [family disease], this is not based on the assumption that TB is passed down by heritage but assigned to the fact that living under one roof heightened the risk of infection considerably.<sup>98</sup> Thus it can be said that within medical circles the TB ‘character’ was challenged.

Furthermore, with the notion of the ‘tuberkulöse Toxin’ [tubercular toxin] affecting the ‘Gesamtnervensystem’ [nervous system] a nosology of the disease based on biology was delivered.<sup>99</sup> Friedrich Jessen writes in 1905:

Wir haben inzwischen gelernt, daß der Tuberkelbazillus [...] auf mit Gehirn

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Sylvelyn Hähner-Rombach, *Sozialgeschichte der Tuberkulose* (Stuttgart: Franz Steiner Verlag, 2000), p. 162.

95 August Predöhl, ‘Die Geschichte der Tuberkulose’, in *Handbuch der Tuberkulose*, ed. by Ludolph Brauer, Georg Schröder and Felix Blumenfeld, 3rd edn, 4 vols (Leipzig: Johann Ambrosius Barth, 1923), I, 1-52 (p. 1).

96 von Engelhardt, ‘Die Welt der Medizin im Werk von Thomas Mann’, p. 43.

97 The tubercular body provided a locus of conflicting notions of beauty and progressive emaciation. The tubercular patient exuded an atmosphere of decline and death but was simultaneously conceived of as highly creative and beautiful. Clark Lawlor, *Consumption and Literature: the Making of the Romantic Disease* (Basingstoke: Palgrave Macmillan, 2006).

98 Martin Kirchner, ‘Die Tuberkulose in sozialer Beziehung’, in *Handbuch der Tuberkulose*, ed. by Brauer, Schröder and Blumenfeld, I, 580-604 (p. 581).

99 Predöhl, p. 17.

hergestellten Nährböden besonders günstige Bedingungen zur Existenz findet.<sup>100</sup>

[We have since learnt that the brain produces especially favourable conditions on which the tubercle bacillus thrives]

The brain is thus seen as afflicted *by* the disease. The discovery that the brain was particularly involved in developing TB supported the idea that the disease might have distinct mental aspects. Leading German psychiatrist Wilhelm Griesinger had suggested in 1861 that tuberculosis produced melancholia and psychiatric disease, linking it to the degeneration discourse.<sup>101</sup> Subsequently Jessen argues that TB with its toxic waste, is a source for character changes. As in Jessen's discourse, positivist, bacteriological medicine regularly takes recourse to nineteenth-century psychiatry views which related character changes to the disease.<sup>102</sup> Although medicine thus undermined notion of a 'TB character' as someone particular vulnerable to the disease, a mental dimension of the condition was still medically recognised and associations of heightened creativity in fact preserved.

In *Lungenschwindsucht und Nervensystem* Jessen suggests that 'die Giftwirkung des tuberkulösen Toxins' [the poisonous effect of the tubercular toxin] damages the brain.<sup>103</sup> Freud, too, uses the word 'chronisch[e] Gifte' [chronic poisons] to provide an analogy for the 'genuinen Psychoneurosen' [genuine psychoneuroses] in his case history 'Dora' (1905).<sup>104</sup> The term 'toxins', however, is more ambiguous than these two authors admit. The aspect of 'Rausch' [frenzy] brought forward by the toxins relates to the semantic field of inspiration and links the positivist scientific discourse to the literary vision of the tubercular genius.<sup>105</sup> Thus again, next to producing neurosis, TB was also perceived as a catalyst enhancing existing creative activities.<sup>106</sup> It can be concluded that within scientific discourse cultural and medical TB metaphors reciprocally influenced one another. The choice of TB as the frame of the novel allows Mann to take up an illness highly charged with aesthetic and artistic ideals but also subject to medical controversy and make it the focus of a great narrative experiment.<sup>107</sup>

Against this background I propose that, where Gustav von Aschenbach has looked at the curious cases in *Death in Venice* with a distant earnestness, in *The Magic Mountain* we find a different attitude. From the 'schwere düstere Körper des Schiffes' [the dark heavy hulk of the steamer] (*Death in Venice*, p. 460; Luke, p. 211) has emerged the simple-minded 'Schiffsbaumeister' [shipbuilder] (p. 86; Woods, p. 67); led by his obsession with death Hans Castorp, a curious case himself, actively strives to find out more about the conquest of science

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100 Friedrich Jessen, *Lungenschwindsucht und Nervensystem* (Jena: Fischer, 1905), p. 1.

101 Ibid., p. 69.

102 King, p. 82.

103 Jessen, p. 37.

104 Sigmund Freud, 'Bruchstücke einer Hysterie-Analyse', V, p. 277; Strachey, VII, p. 113.

105 King, p. 78.

106 Jessen, p. 18.

107 Manfred Dierks has observed that Mann casts psychoanalysis as science turned 'Romantik'. TB thus allows Mann to touch on Freud and revisit his Nietzschean contempt for science through a psychoanalytic attempt to reconcile science and literature. Dierks, *Studien zu Mythos und Psychologie*, p. 135.



and learn about modern life through the *sentimentalisch* experience of disease.<sup>108</sup> For Mann, the TB paradigm becomes the basis of a discourse on illness concerned with a personal reconciliation of various opposing principles – those of sickness and health, *sentimentalisch* and *naiv*, clinical science and cultural metaphors and, most fundamental of all, life and death.

### 3.7 The *Berghof* cases

Kristeva's notion that the abject represents modern man's reaction to death resonates with the theme of death as it unfolds in *The Magic Mountain*.<sup>109</sup> Early in the novel when the narrator has recourse to the family history in describing a scene from Hans's childhood, Hans Castorp is a case in the role of a spectator. The narrator tells of how the child Hans, whose mother died giving birth to him, witnesses the death of his father and grandfather with 'kindliche Kühle und sachliche Aufmerksamkeit' [childish reserve and business like attentiveness], not even feeling sorry for himself (p. 43; Woods, p. 30). When Hans visits the corpse of his grandfather who has died of pneumonia he avoids confrontation with the abjection of the corpse. The scene is told in the precocious voice of little Hans, who separates the grandfather's personality from 'den wachsgelben, glatten, und käsigen Stoff aus dem die lebensgroße Todesfigur bestand' [the stuff out of which this life-size dead figure was made, waxy, yellow, smooth stuff with the consistency of cheese] (p. 44; Woods, pp. 31-32).

The body of the grandfather is abstracted into a peculiar materiality, suppressing the archaic space of 'the border' of the 'condition as a human being' the corpse would otherwise represent.<sup>110</sup> This scene could not contrast more markedly with the suffering of Bethsy Buddenbrook and the dramatic spectacle of her death. The pragmatic tone of the narrative avoids the realisation of abjection as both a state of crisis and a crucial point of development: Hans counter-meets his own loathing towards the corpse with the splitting of the grandfather's beloved personality from its corporeality. The author presents him as circumventing the necessity to go through a process of separation, whereby he would acknowledge the otherness of the corpse and feel loathing towards the invasion of the dead. Elizabeth Boa has explored the relevance of disgust for the novel, but has not taken into account this early scene.<sup>111</sup> The narrative here suggests that Hans remains caught in a state where the other cannot yet be recognised as such and thus connectedness is impossible. An obsession with death develops in Hans as a result of these early experiences, one which unfolds fully when Hans travels to visit his TB sick cousin Joachim in the Swiss Alps where he will be exposed to 'an aesthetic of mourning', as Ernest Schonfield has pointed out.<sup>112</sup>

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108 With the choice of tuberculosis Mann constructs the interplay between medicine Romantic medical discourse, for tuberculosis has been conceived as 'the glamorous Romantic disease' as Clark Lawlor observes. Lawlor, p. 20.

109 Stacey Keltner, *Kristeva. Thresholds* (Cambridge: Polity Press, 2011), p. 74.

110 Kristeva, *Powers of Horror*, p. 3.

111 Boa, 'The Aesthetics of Disgust in *Der Zauberberg*'.

112 Schonfield, p. 108.

Once he is at the *Berghof* Hans meets a variety of different cases. The ‘exakt-medizinisch[e] Einschlag des Romans’ [the specifically medical element of the novel] is reflected in those.<sup>113</sup> Mann takes an interest in the cause of disease and gives a multifactorial account of it.<sup>114</sup> Joachim, himself ‘ein Bild der Jugendkraft’ [the picture of youthful vigor], casts the sanatorium as a curious place (p. 15; Woods, p. 7). Hans listens to the ‘tolles Zeug’ [crazy things] Joachim tells him (p. 21; Woods, p. 11), but it is not long before he sets out to look and hear for himself. Hans meets the ‘Verein halbe Lunge’ [Half-Lung Club] (p. 75; Woods, p. 58). This group of severely ill young people produces wonder and curiosity in him. Joachim takes on the role of the amateur doctor, converting signs into symptoms when he tells his cousin that it is a pneumothorax through which Hermine Kleefeld can whistle. Hermine is thereby transformed from ‘ein langes junges Mädchen in grünem Sweater, mit schlecht frisiertem Haar und dummen, nur halb geöffneten Augen’ [A tall young girl in a green sweater, her hair in untidy disarray and with doltish, half-closed eyes] into an interesting case (p. 73; Woods, p. 57). Medical technique of the highest standard, such as the pneumothorax, thus produces curious phenomena and Hans breaks out in laughter and proclaims: ‘Das ist das Komischste, was ich in meinem Leben gehört habe!’ [That’s the funniest thing I’ve ever heard in my life] (p. 75; Woods, p. 59). The fact that Hans, when confronted with the curious, laughs uncontrollably illustrates what Kristeva described as ‘a way of placing or displacing abjection’.<sup>115</sup>

For now death is kept at a distance, as Mann lets his ‘mittelmäßig[en]’ [mediocre] hero marvel at the possibilities of medicine (p. 49; Woods, p. 36). In its curious aspects, however, it is underlain with deep irony contrasting with Dr. Predöhl’s and Dr. Jessen’s notions of ‘the objective knowledge of the clinic’ in regards to the pneumothorax and its ‘Gift ausschaltende Wirkung’ [antitoxic effect] in advanced cases.<sup>116</sup> At this point the roles of the two cousins are clearly marked: Joachim has already adopted clinical discourse integrating the curious facts into a seemingly coherent story of clinical objectivity, whereas Hans is still only a visitor. Mann takes up pressing conflicts within medical discourse on TB, framing the cases as curious ones that surpass Hans Castorp’s set of experiences. His ‘context production’ is not that of the clinic but of the amazed spectator and relates to older forms of medical narrative.<sup>117</sup> Unlike Gustav von Aschenbach Hans does not feel disgust at the sight of bodies in disorder; nonetheless, the uncanny element belonging to bodily defect and the collective experience of illness exerts a powerful fascination over him. He is only overcome by loathing when he witnesses the meals at the *Berghof* and the ‘Heißhunger’ [hot hunger] of the ill. He finds it ‘abscheulich’ [repulsive] and can hardly distinguish whether it is ‘Schweiß oder Tränen’ [sweat or tears] that run down a young boy’s face at his table (p. 109; Woods, p. 88).

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113 Thomas Mann, ‘Vom Geist der Medizin’, XI, p. 596.

114 von Engelhardt, ‘Die Welt der Medizin im Werk von Thomas Mann’, p. 44.

115 Kristeva, *Powers of Horror*, p. 8.

116 Kennedy, *A Curious Literature*, p. 137; Predöhl, p. 15.

117 Epstein, *Altered Conditions*, p. 37.

Hans is distracted from his observation of the hungry boy by the entry of Madame Clawdia Chauchat, a Russian fellow patient. Her appearance triggers a 'vage Erinnerung' [vague memory] (p. 111; Woods, p. 90) of a boy he knew in childhood days. It represents a first case of 'Nachträglichkeit' [deferred action] as Freud coined it and describes how an event turns into trauma through repression.<sup>118</sup> Through this encounter Mann allows Hans Castorp to work step-by-step through meaningful experiences that could not previously be processed on his way towards a *sentimentalisch* consciousness. In a subsequent dream Hans realises that it is his school friend Pribislav Hippe that Clawdia reminds him of, thus revealing Hans's infantile homosexuality. The fact that a dream here powers the plot hints again at underlying psychoanalytic views; Freud emphasised the crucial role of dream material (for example, in 'Dora'), suggesting that it provides crucial textual material 'zur Aufdeckung des Verborgenen und Verdrängten' [to account for the hidden and repressed parts of mental life].<sup>119</sup> The author thus lets Hans revive the romantic feelings from his youth and project them onto Clawdia (p. 111; Woods, p. 90).

Yet Clawdia's role as the adored female beauty is ironically undermined not only by her association with the boy Pribislav, but by her status as patient in the sanatorium. Where Gerda von Rinnlingen in 'Little Herr Friedemann' represented a striking *femme fatale*, Clawdia's beauty is of a sickly, 'TB character' - 'nicht sonderlich damenhaft' [not particularly ladylike] (p. 110; Woods, p. 89), but rather 'schlaff, fiebrig und innerlich wurmstichig' [listless, feverish, worm-eaten deep inside] (p. 203; Woods, p. 170). Clawdia thus constitutes a challenge to typical ideals of female. Despite his resolution that rationality forbids direct contact with Clawdia, Hans nevertheless sets out to uncover the 'Vexierrätsel' [regular puzzle box] of what attracts him in her. Medical and erotic curiosity are thus closely related for Hans (p. 359; Woods, p. 306). In connecting the first encounter with Clawdia to a feeling of loathing at the sight of the sweat and tears around him, the author suggests that Hans's experiences in the sphere of love are linked to his sense of the abject.

Hans displays a certain dilettante manner in his pursuit of a greater understanding of life. After seeing one of the dying of the *Berghof* the narrator tells us now, 'Hans Castorp, noch ganz vertieft in den flüchtigen Anblick, versuchte unwillkürlich, ebenso große, bedeutende und langsame Augen wie der Moribundus zu machen' [still absorbed in that fleeting glimpse, Hans Castorp instinctively tried to make the same large, meaningful, and deliberate eyes as those of the dying man] (p. 151; Woods, p. 125). Hans is depicted as the dilettante who imitates a real patient; the question thus arises as to whether Hans's ambitions remain dubious acts of imitation, or whether he is able to 'sich bis zu dem höchsten erheben' [rise to the highest

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118 Sigmund Freud, 'Aus der Geschichte einer infantilen Neurose', in *Gesammelte Werke*, 4th edn, XII: Werke aus den Jahren 1917-1920, 27-157 (p. 72); translation: Sigmund Freud, 'An Infantile Neurosis', in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. by Strachey, 1<sup>st</sup> repr. edn., XVII: An Infantile Neurosis and Other Works, 7-122 (p. 45).

119 Sigmund Freud, 'Bruchstücke einer Hysterie-Analyse', V, p. 277; Strachey, VII, p. 114.

level]?<sup>120</sup> Indeed, when Hans meets Lodovico Settembrini, another fellow patient, he learns that his awakened interest in the life around him can be linked to larger questions. The entry of Lodovico Settembrini puts an end to the excessive laughter Hans gave in to when faced with the pragmatic treatment of death at the *Berghof*. Hans's earlier uncontrolled laughter contrasts with the 'rhythmisch irgendwie geordnetes, aber sehr natürlich behandeltes Lachen' [a burst of laughter, to some extent rhythmically ordered but treated with a high degree of naturalism] of the sinister travelling-player in *Death in Venice* (p. 509; Luke, p. 254) who, like the 'Drehorgelmann' [organ-grinder], Settembrini, knows more than the protagonist (p. 313; Woods, p. 266). This time, other than in *Death in Venice*, the prohibition to speak about illness has been lifted. Where there used to be 'die vulgären und schmachtenden Melodien' [the jangling tones] of the creepy comedian covering the truth, a different song is being created now, sung by the sophisticated but nevertheless subversive voice of Settembrini (p. 506; Luke, p. 251). He talks openly about the *Berghof* dangers deriving from 'Schwere und Trägheit' [gravity and inertia] caused by disease threatening to refute beauty and emancipation (p. 350; Woods, p. 298). Settembrini is the incarnation of intellectual sharpness and humanist order. He takes up the 'Amt der Erziehung' [position as an educator] (p. 93; Woods, p. 74) of Hans, the dilettante, combining Faustian and Mephistophelian elements with the humanist condemnation of the body.<sup>121</sup>

Next to Settembrini there is another important teaching figure, the artist scientist. In a key scene of the book the medical consultant of the clinic, *Hofrat* Behrends, shows and explains to Hans the oil portrait he has painted of Clawdia Chauchat. Behrends is cast as the Olympian artist who 'malt in Öl' [paints in oils] (p. 89; Woods, p. 70).<sup>122</sup> He relates the portrait to a clinical account of the physiognomy of the female body. The discourse on the skin, for example, is characterised by clinical detail such as the 'Cholesterinschmiere' [greasy cholesterol]. Yet, his explanation is also increasingly characterised by a discourse on the body as myth. Blood turns into 'einen besonderen Saft' [a very special juice], exceeding its medical function. Furthermore, the narrator makes reference to Goethe's Faust who signs the contract with Mephistopheles with his own blood.<sup>123</sup> Meanwhile the lymph fluid turns into 'deliziöse Tropfbarkeit' [very rarified liquid] (pp. 368-369; Woods, p. 315). The 'Art von wissenschaftlicher Realität und lebendiger Genauigkeit' [[kind of] scientific reality and lifelike accuracy] displayed here reflects an attention to detail which Laqueur closely connected to humanitarian notions of life (p. 360; Woods, p. 307).<sup>124</sup> Indeed, Behrends's twofold role as doctor and artist raises the question of humanism as for the first time the theme of the human

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120 Johann Wolfgang Goethe, 'Der Sammler und die Seinigen', XVIII, p. 725; Nardroff, III, p. 154.

121 Herwig, p. 96.

122 Thomas Mann, 'Goethe und Tolstoi', IX, p. 63.

123 Johann Wolfgang Goethe, *Faust. Eine Tragödie*, in *Sämtliche Werke*, VII/I: Faust. Texte, p. 77, l. 1740; translation: Johann Wolfgang Goethe, 'Faust I', in *Goethe. The Collected Works*, ed. by Gearey, II: Faust I and II, ed. and trans by Stuart Atkins, 1-119 (p. 45).

124 Detail when confronted with disease and death will also play a crucial role in Roth's *Everyman*.

*Gestalt* appears, as Mann commits himself to the Goethean concept of art when quoting him in his notes for 'Goethe and Tolstoy':

Die menschliche Gestalt kann nicht bloss / nur / durch das Beschauen ihrer Oberfläche begriffen werden; man muss ihr Inneres entblößen, ihre Teile sondern, die Verbindung derselben bemerken

[The human form can never be grasped merely through the observation of its surface; one must uncover its inner being, separate its parts, note the connections between them]<sup>125</sup>

Indeed, the painter-doctor Behrends seems to resemble the Goethean type of artist, of whom one representative would be Wilhelm Meister, who knows his subject from inside and can thus achieve mastery over it. However, rather than artistic mastery his portrait of Clawdia Chauchat conveys 'Vergröberung' [[a coarsening] by exaggeration]. Instead of clarity, it represents the complicated relationship of the modern individual to nature (p. 358; Woods, p. 305). The artistic interpretation of the patient by the doctor is presented as dubious and dilettantish, a motif that will return in Philip Roth's novel *My Life as a Man*. Here, the psychoanalyst Dr. Spielvogel and his writer patient argue over who has the right to interpret one's life. Eventually the writer claims back his own version of the self.

In the case of Behrends's painting, Clawdia, the object, is characterised by physical imperfection, with her 'Oberarme, von denen die kleine Brust zusammengepreßt wurde' [upper arms and the way they presser her small breasts together] (p. 321; Woods, p. 273). In her, Hans faces a woman 'in the shape of the abject'.<sup>126</sup> For now, Wilhelm Meister's fascination with the 'schönste weibliche Arm' [the loveliest female arm] which ever caressed a young man shines through in the narrative, and indicates what Mann calls in 'Goethe and Tolstoy' a deep 'Sympathie mit dem organischen Leben' [sympathy with organic life] closely tied to 'Eros'.<sup>127</sup> Not only do Eros and insight become linked here, but the fact that Wilhelm Meister is meant to cut open the lady's arm anticipates the means by which Hans attempts to gain knowledge: dissection. At this point, however, Hans's interest in *Gestalt* and *Form* is revealed by Settembrini as to originate in the Dionysian motivated by frenzy and sexual desire running against social norms. This is evident in Hans's attempt to overthrow form when he asks 'Wozu die Form erhalten' [But why retain the form] (p. 372; Woods, p. 317). Hans's grasp of humanism and his capacity for 'Sympathie' on an 'ontological' and 'linguistic level', are shown to be not yet fully developed.<sup>128</sup> The whole scene covers his secret erotic desire for Clawdia and

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125 Koelb, *Thomas Mann's 'Goethe and Tolstoy'*, p. 205; translation p. 84.

126 Shostak, *Counterlives*, p. 64.

127 Johann Wolfgang Goethe, *Wilhelm Meisters Wanderjahre*, X, p. 602; Winston, X, p. 323; Thomas Mann, 'Goethe und Tolstoi', IX, p. 147.

128 Schonfield, p. 56.

the high-flying discourse on the *Gestalt* only serves to give him time to look at her in every detail.

The considerations that flow from the analysis of the early medical encounters in the novel are threefold. First, Hans's obsession with death can be traced to the early scene by the grandfather's corpse and the incomplete grasp of the abject at this point which provoked a fascination with death. Secondly, the *Berghof* life triggers an epistemological urge in Hans tied to the general medicalization of life in the form of the curious cases around him and to an infantile residue of repressed childhood memories revived through Clawdia Chauchat. The fellow patients, foremost amongst which is Clawdia, produce both anxiety and curiosity in Hans. At this point dream material plays a central role in the narrative and psychoanalytic assumptions shine through without being mentioned directly. Thirdly, the appearance of two characters in particular feed Hans's epistemological curiosity: Settembrini, who lifts the prohibition to speak exerted in *Death in Venice* and Hofrat Behrends, who represents the Goethean artistic self. Although the doctor artist remains a dubious figure, Mann introduces at this point the ideal of the masculine Olympian artist and frames Hans's journey as a journey towards a new identity. With his arrival at the *Berghof* Hans Castorp is in the process of turning away from reality towards a world of curious wonder where the boundaries and rules of the every-day world are blurred, as the *Berghof* fosters a *sentimentalisch* consciousness that imagines the infinite. Next to regression this provokes an urge for emancipation in Hans, who has become the dilettante embarking on a journey to learn about the *menschliche Gestalt*; the body in disorder becomes the locus at and through which to gain emancipation through humanism.

### 3.7.1 Hans's turn towards the medical

Gradually we witness Hans's 'Flucht aus dem Leben in die Krankheit' [flight from life into disease], as Freud observed in the Dora case.<sup>129</sup> Settembrini's question 'Sie hospitieren hier nur, wie Odysseus im Schattenreich?' [you are merely stopping over, as it were, like Odysseus in the realm of shades?] will soon be answered with a 'no' (p. 84; Woods, p. 66). From the outset Hans plays with the idea of staying at the *Berghof*. Despite being warned, he buys a thermometer when suffering from the flu. When Hans uses 'das zierliche Gerät' [the delicate instrument] for the first time, it is a secretive act behind Joachim's back (p. 239; Woods, p. 199).<sup>130</sup> Even though the doctor remains the authority figure, interpreting the results, the patient in the *Berghof* now actively takes part in diagnosis and the instrument itself provides 'Aussage' [evidence] (p. 239; Woods, p. 201).<sup>131</sup> The thermometer represents a step towards self-diagnosis

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129 Sigmund Freud, 'Bruchstücke einer Hysterie-Analyse', V, p. 286; Strachey, VII, p. 122.

130 Woods ignores the attention to detail Mann pays to the thermometer.

131 Woods suggests 'reading' which in my eyes is a much weaker word than 'Aussage' [evidence]. The German physician Carl Wunderlich established a new form of diagnosis based 'on numerical results recorded by an instrument', results could now be expressed in numbers and, like X-rays, taken by lay

and thus bears the signs of an emancipatory act towards interpretive power. The moment before the reading of his temperature Hans's breast 'hob sich mit einem beklommenen Beben' [gave an uneasy heave], but afterwards his breast immediately becomes 'katarrhalisc[h]' [bronchial] (p. 239; Woods, p. 201). The transformation into a medical case has thus taken place within one sentence.<sup>132</sup> The way in which Hans's temperature-taking is linked to his 'breast' and breathing reflects the notion that the thermometer was not restricted to 'sitespecific alterations in the body' but could measure 'the response of the whole body to illness'.<sup>133</sup> Thus Hans deducts from this one act that he is a patient now, and the consultation with a doctor which takes place a few days later only serves to confirm what he already knows.

After twenty-one days of summer at the *Berghof*, the first consultation takes place. Despite the fact that Settembrini predicts it to be a 'düstere Zeremonie' [gloomy ceremony] evoking gothic horror scenarios, the examination seems harmless (p. 83; Woods, p. 66). Where in *Buddenbrooks* the doctors refused to name diseases and speak about possible outcomes, jovial Behrends diagnoses Hans with TB right away, engaging in an act of translating symptoms from the text the body provides.<sup>134</sup> He explains to his patient 'Das sind die löslichen Gifte, die von den Bakterien erzeugt werden; die wirken berauschend auf das Zentralnervensystem' [released from soluble toxins released by the bacteria; they have an intoxicating effect on the central nervous system] (p. 256; Woods, p. 216). With Behrends, Mann takes up the physiological notion of the toxic rapture produced by TB, as suggested by Jessen. However, unlike Jessen he establishes a link to the inspirational aspects of TB suggesting Hans may be 'beschwipst' [tipsy] by the toxins. Here positivist assumptions and romantic visions of an enhanced bodiliness that creates inspiration converge and render clinical discourse unstable.

This element of inspiration resonates with the way that the disease turns into a spectacle for Behrends. His diagnosis is filled with words that suggest uncertainty 'beinahe schon' [almost] and 'noch nicht' [not yet], which contrast with the 'objektive Bestätigung' [objective confirmation] he demands for his diagnosis (pp. 255-256; Woods, pp. 215-216). Furthermore, his account can be linked to Freud's discourse, in his case history on Dora, on syphilis as a source for severe 'Neuropsychosen' [neuropsychoses] in the children of syphilis sufferers.<sup>135</sup> Freud here produces an ambiguous narrative where the boundaries between physiological and psychological explanations of disease become blurred. The discourse on TB that Mann creates bears similarities, as Behrends explains disease in part psychologically. The trivialisation of the deadly disease, the recourse to curious language, and clinical claims of objectivity thus converge in Behrends's discourse on bodily disorder, which defers meaning rather than

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personnel. Stanley Joel Reiser, 'The Science of Diagnosis: Diagnostic Technology', in *The Companion Encyclopedia*, ed. by Porter and Bynum, II, 826-851 (p. 834).

132 Philip Roth's characters Novotny and 'Everyman' also display libidinous relationships with medicine as will be shown in the second half of this thesis.

133 Reiser, p. 836.

134 Sigmund Freud, 'Bruchstücke einer Hysterie-Analyse', V, p. 280.

135 Ibid., p. 237; Strachey, VII, p. 75.

producing it. In addition to the possibility of cure medical practice therefore becomes ‘the place where meaning collapses’ and the abject looms.<sup>136</sup>

Where there was an ‘absent director of the case’ in *Death in Venice*, Behrends exerts a teacher-like role.<sup>137</sup> He holds that being a patient is an art. Hans Castorp becomes the pupil who is gifted with a ‘Talent zum Kranksein’ [talent for being ill] but has to prove he is worth the hopes put in him (p. 256; Woods, p. 216). The doctor here displays a characteristic that Parsons was to identify in the 1950s as control over the sick, his role as a generalized ‘wise man’ morphing into the agent of control of disease.<sup>138</sup> At this point the authority of the doctor over the ‘text’ of the body stands unchallenged and the diagnosis produces acute physical reactions in the patient. His blood rushes to the heart, his mouth twitches ‘sonderbar’ [strangely], and his heart pounds against the ribs as though his whole body and brain were intoxicated by TB (p. 255; Woods, p. 216). For the second time Hans is confronted with physical materiality and this time it is his own. The examination does, therefore, have a ‘düstere’ [gloomy] (p. 83; Woods, p. 66) outcome, but the patient interprets it in the opposite way. Hans is proud to be a patient now.

Thirty pages later Hans returns to the patient community of ‘interessanter Körper’ [interesting bodies] (p. 287; Woods, p. 241). In this context the euphemism ‘interesting’ presents a ‘derailment of clinical discourse and a nineteenth-century technique to rename the curious’.<sup>139</sup> The medicalization of life thus evokes a linguistic ambiguity. Illness withstands the system and clear categorisation of science and raises the question of the status of the abject for Hans. This is also evident in Behrends’s fractured narrative which oscillates between the curious, the psychoanalytic, and the clinical. At the same time illness produces emancipation, knowledge, and the possibility to prove one’s talent and worthiness. At this point the body in disorder has thus turned into an interpretive challenge through which it seems possible to ‘achieve a description’ of the self.<sup>140</sup>

After seven weeks the ‘interesting’ body Hans now inhabits is summoned to the ‘Laboratorium’ [laboratory] down in the cellar in order to have his X-ray photograph taken (p. 295; Woods, p. 250).<sup>141</sup> Around 1920 taking X-rays of TB patients was a ‘unentbehrliches Hilfsmittel zur feineren Diagnose’ [indispensable means to obtain precise diagnostic results].<sup>142</sup> It consolidated the triumph of the image, already initiated by the photograph which was seen as ‘a true depiction, if not the equal, of reality itself’.<sup>143</sup> It is not surprising that Mann, with his own background in experimenting with realist prose, took an interest in the technique of X-ray.

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136 Kristeva, *Powers of Horror*, p. 2.

137 Kennedy, *A Curious Literature*, p. 123.

138 Talcott Parsons, *The Social System* (New York: The Free Press, 1951), p. 291.

139 Kennedy, *A Curious Literature*, p. 163.

140 Saxton, p. 80.

141 Woods alternates between ‘X-ray room’ and ‘laboratory’ but Mann uses the more general and mysterious term ‘Laboratorium’ throughout the novel.

142 Alexander Lorey, ‘Das Röntgenverfahren zur Diagnose der Lungentuberkulose’, in *Handbuch der Tuberkulose*, ed. by Brauer, Schröder and Blumenfeld, I, 751-805 (p. 751).

143 Reiser, p. 843.



Through the new technique the ‘predominance of eyehood over the first-person ‘I’ was enforced again, reflecting the Hippocratic manner of writing the case.<sup>144</sup>

Doctor Alexander Lorey noted that the taking of X-rays transformed the body into ‘ein durchsichtiges, einem Glasmodell ähnliches Gebilde’ [a see-through object resembling a glass model].<sup>145</sup> This reflects the notion that an all-seeing ‘science will conquer disease’, as referred to in the Introduction.<sup>146</sup> Hence the question arises as to whether, by means of technical progress, the body has now literally become the ‘sheet of plain glass’ that Virginia Woolf described it as.<sup>147</sup> Contrary to this assumption, the X-ray photograph in fact evoked curious notions as people requested ‘to see each other’s bones’.<sup>148</sup> Contemporary discourse described X-rays in terms of ‘Erstaunen’ [amazement] and called the X-ray a ‘Schattenbild’<sup>149</sup> [shadow picture], thus developing links between spiritism and medicine.<sup>150</sup> X-rays as tools of medical diagnosis provided a space where conflicting views on scientific progress converged. Mann addresses these conflicting notions in the laboratory scene and intensifies the ambiguous status of the new technology for the individual, a theme Philip Roth will later take up in relation to the effect of MRI scanning in *Patrimony*.

Before their X-ray appointment the cousins Hans and Joachim wait to be called together with Mme Chauchat. The encounter of these patients is characterised by strong erotic tension which culminates in the dramatic medical spectacle in the following scene. The laboratory remains spatially undefined and opaque. It is unclear whether it is the ‘Atelier eines Photographen, einer Dunkelkammer oder einer Erfinderwerkstatt und technischen Hexenoffizin’ [a photographer’s studio, a darkroom, or an inventor’s workshop and sorcerer’s laboratory] (p. 301; Woods, p. 255). Behrends is cast as the sorcerer who reigns over his private gallery, ‘Bruchstücke des Menschenleibes’ [body parts] on little photographic plates evoking chaos rather than scientific order (pp. 301-301; Woods, p. 255). Furthermore, Behrends’s ‘knowledge claims’ are ironically undermined when he relates the X-ray photographs to their female owners and suggests they are engaged in ‘Schäferstündchen’ [intimate occasions] (p. 301; Woods, p. 256).<sup>151</sup> This adds a sexualized stance to the ‘objective’ image, resonating with the ambivalent position of the new technique between scientific progress and curious spectacle.<sup>152</sup>

Hans first observes how Joachim is X-rayed. The procedure is cast as a dramatic spectacle of transgression; lightning, smoke, and darkness envelope the two young men, as though Hofrat Behrends is trying to re-enact the making of the world. The narrator fully

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144 Hurwitz, ‘Form and Representation of Clinical Case Reports’, p. 218.

145 X-rays had already replaced the case narratives in Alexander Lorey’s article in *Handbuch der Tuberkulose*. Lorey, p. 753.

146 Albury, p. 268.

147 Woolf, ‘On Being Ill’, p. 195.

148 Reiser, p. 840.

149 Lorey, pp. 751-752.

150 Herwig, p. 130.

151 Harry Marks, ‘Medical Technologies: Social Contexts and Consequences’, in *Companion Encyclopedia of the History of Medicine*, ed. by Porter and Bynum, II, 1592-1618 (pp. 1597-1598).

152 Kennedy, *A Curious Literature*, p. 85.

embraces what Kennedy has called the danger to slip into the ‘troubling territory of voyeurism and spectacle’ and Joachim, and later Hans, become subject to a dubious autopsy on the living body.<sup>153</sup> The patient is reduced to see-through objects by technology. In the second session Hans catches a glimpse of Joachim’s ‘Grabesgestalt und Totenbein’ [sepulchral form, dry bones] (p. 305; Woods, p. 259). Paradoxically the X-ray technology belonging to ‘the living universe which is supposed to save me from death’, as Kristeva observed, evokes a vision of death here.<sup>154</sup> Hans now remembers an old relative, who would predict people’s death through her X-ray gaze. Instead of providing objectivity and knowledge the new transparency of the inner organs thus heightens a sense of being overwhelmed by the mystery of the body and of boundaries of the body being threatened. Hans’s language reflects this change. In the beginning the patient finds it all ‘Sehr interessant’ [very interesting], adopting professional medical jargon and a distancing gaze (p. 301; Woods, p. 256). After his own X-ray has been taken, however, Hans feels ‘verwirrt und betäubt’ [confused and dazed] (p. 301; Woods, p. 257).

As Hans glances through the lens he suddenly feels as though he turns into his old relative; he sees his own skeleton ‘Mit den Augen jener Tienappel’schen Vorfahrin’ [with the eyes of this Tienappel forbear] (p. 306; Woods, p. 260). In addition to reproducing reality, the experience of X-ray therefore triggers old memories and tears down boundaries between individuals. The procedure enhances, through an awareness of his own mortality, Hans’s capacity for humanitarian sensibility; he is suddenly beset by a sense of fellow feeling for all human beings. Next to fear the ‘Triumph der Neuzeit’ [the triumph of the age] also triggers old memories and a capacity for humanitarian sensibility as with the realisation of his own mortality comes a sudden sympathy with all human beings (p. 301; Woods, p. 256) based on Hans’s ontological notion of ‘a common ground with all organic life’ he shares.<sup>155</sup> However, the experience is also a deeply threatening one for, as Virchow maintains, ‘to preserve one’s identity one must defend one’s boundaries’.<sup>156</sup> The technical procedure of X-ray thus generates something quite other than objective clinical knowledge. On the one hand, it provokes a sense of fear, as in *Death in Venice*, at the collapse of individual boundaries and, on the other, opens up the possibility of a heightened interiority through medical experience and an alternative to self-destruction.

The experience of science in the X-ray scene has three dimensions. Firstly, Mann turns to a technique which represented the peak of modern technology at the time, one that could make the body into ‘a plain sheet of glass’. He plays with both the reality claim of modern technology and the notion of the mechanisation of the body, which was by then seen as a ‘manageable machine’, and takes a satirizing stance towards these ideas.<sup>157</sup> The second point I

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<sup>153</sup> Ibid., p. 91;

Herwig, p. 133.

<sup>154</sup> Kristeva, *Powers of Horror*, p. 4.

<sup>155</sup> Schonfield, p. 56.

<sup>156</sup> Otis, p. 36.

<sup>157</sup> Albury, p. 266.

want to make is that whereas in *Death in Venice* the sick organ remained undefined, it is now caught on a photographic plate. But the way the image is produced is by no means controlled and clinical, as is revealed by the curious discourse that surrounds the technique. Simultaneously to being exposed to modern science Hans becomes subject to uncontrollable forces and even though Kristeva argues that the abject is contained in science death comes to infect life here as Hans is confronted with it directly with Joachim's skeleton. This creates a situation resembling Lacan's mirror stage, where the child recognizes itself as a separate entity. Ironically, through the confrontation with the abject space of his own body Hans is suddenly able to empathise and see the world through another person's eyes – his old aunt Tienappel. Thirdly, in addition to the struggle not to be overwhelmed by the abject, the process of taking X-rays becomes a metaphor for art. Through the X-ray photograph individual boundaries are removed and the curious gaze into the body of the 'other' is now possible. The X-ray technology thus opens up the 'analytische Grube' [analytical pit] (p. 315; Woods, p. 268), a metaphor Mann uses for Hans's experience of the X-ray procedure. Hans's belated turn towards medical technology produces the opposite of objective diagnosis, namely the capacity and desire for feeling. The X-ray procedure itself bears similarities with the task of the writer. In its blurry quality the medical photograph becomes a rich site for artistic intervention and the imagination, it allows to configure the seat of illness as beyond the eye - in the 'I'. Thus confronted by images of the body's interior, Hans gains the sensibility of an artist through his emotional and imaginative responses to mortality. However, it also becomes evident from his reaction to the X-ray image that Hans is still not yet in a position to abandon his love of death. Eventually Clawdia Chauchat will leave him an X-ray photograph of her chest, which he then carries around with him like a talisman. Before he is able to grasp death and understand its relation to life Hans is shown as cherishing morbidity.<sup>158</sup> As demonstrated in this key scene, Mann roots the enterprise of finding truth through interiority in the ambiguity of the medical paradigm. Initiated through the X-ray procedure, this complex relationship between medicine and emancipation is taken a step further with Mann's consideration of the psychoanalytic enterprise.

### 3.7.2 Psychoanalysis

The overall structure of the novel illustrates that the role of psychoanalysis cannot be clearly delineated, as it infiltrates the plot at various points and evades categorisation due to Mann's playful approach. This becomes particularly evident once the indirect references to psychoanalysis are juxtaposed with the figure of Dr. Krokowski, the *Berghof* psychoanalyst. Direct confrontation with this doctor provokes in Hans both fascination and, mainly, doubt as regards psychoanalysis. Manfred Dierks has observed, I think correctly, that Mann cuts short

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158 Other than for 'Philip Roth' in *Patrimony*, the image does not produce abjection in him. Roth has taken up the motif of the female in the shape of the abject and explored it in *My Life as a Man*, *Everyman*, and *Nemesis*.

the trajectory of psychoanalytic thinking when he lets Krokowski's grasp of the unconscious tip over into the occult.<sup>159</sup> Dierks argues further that, in addition to dealing out negative judgment, Mann sought to modernise his engagement with Schopenhauerian and Nietzschean thought with psychoanalysis. In my view this perception of the role of psychoanalysis turns out to be reductive here, as it neglects the playfulness with which Mann treats psychoanalysis and fails to acknowledge the possibilities for narrative that Freudian discourse brings to the novel. Whilst Dierks asserts that Mann had little interest in Freud's case histories, I would argue on the contrary that Mann's work pays tribute to the cultural power of these cases.<sup>160</sup> By adopting the Freudian style of narrating the case, Mann is able to openly discuss both psychological and physiological explanations for disease. Furthermore, with the figure of Dr. Krokowski questions of authority over the text of life come to the fore. On a narrative level open psychoanalytic discourse allows an intensified consideration of questions regarding interpretive authority, as psychoanalytic case writing trespasses intimate borders not only of a physiological nature (as in medicine) but also of an emotional and intellectual kind. Furthermore, a double-movement towards demythologising life through professional jargon and attributing new meaning to the body through psychosomatics contributes to an intensified struggle over interpretive authority between patient and doctor. Thus in the following I will analyse Hans's developing views on psychoanalysis and relate them to the overall role of psychoanalysis for the plot illustrating how the ambiguous position of psychoanalysis inhabits in the novel is highly significant to Hans's learning process. I will argue that psychoanalytic case writing is crucial in *how* Mann writes.

Through Dr. Krokowski Mann displays a satirical stance towards psychoanalysis. Krokowski presents a corpse-like appearance, for he is 'außerordentlich bleich, von durchscheinender, ja phosphoreszierender Blässe' [there was almost a translucence, even phosphorescence to his pallor] (p. 29; Woods, p. 18). Fifteen pages later, when describing young Hans's reaction to the corpse of his grandfather, the narrator describes the actual corpse as 'wachsgelb' [waxy, yellow] (p. 44; Woods, p. 31). A further likeness can be seen in the men's dress: Krokowski wears a 'Halskragen' [collar], the grandfather a 'Tellerkrause' [heavily pleated ruff] (p. 40; Woods, p. 28). The narrator satirizes the notion of transference here and throws into question Krokowski's status as a medical professional. As in Dora's case the question arises as to whether Krokowski will be able to 'der Übertragung Herr zu werden' [mastering the transference].<sup>161</sup> Not only does Krokowski look like a mixture of Dr. Freud and Hans's grandfather, but right at the beginning of Hans's stay Krokowski exposes him to the primal scene when he puts him in a room next to the Russian couple. Tailor-made regression is implied, as the narrative attests to Hans's shocked reaction to their loud intercourse. Through the characterisation of Dr. Krokowski Mann thus satirically explores the psychoanalytic paradigms.

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159 Dierks, *Studien zu Mythos und Psychologie*, p. 134.

160 Dierks, 'Thomas Mann und die Tiefenpsychologie', p. 294.

161 Sigmund Freud, 'Bruchstücke einer Hysterie-Analyse', V, p. 282; Strachey, VII, p. 118.

Despite his initial aversion, it is not long before Hans actively seeks closer contact with the psychoanalyst. After a few days in the mountains, he attends Dr. Krokowski's monthly lecture. Interiority has now officially been laid in the hands of a medical professional with, as shall be seen, an ambiguous outcome. There is a new song of illness staged, this time by a black bearded doctor in socks and sandals with ardent eyes.<sup>162</sup> Hans feels repelled by Krokowski's strange appearance but more importantly by his 'zugleich poetischem und gelehrten Stile' [a blend of poetical and academic styles], which he finds morally dubious and 'unordentlich' [untidy] (p. 178; Woods, p. 148). The same will apply to Peter Tarnopol in *My Life as a Man* and his reaction to Dr. Spielvogel's case narrative.<sup>163</sup> Indeed, the disorderly aspect of psychoanalytic discourse is potentially disruptive within the medical frame of the novel. As pointed out in the Introduction, Freud's case histories wander a fine line between clinical and literary discourse; a flexible, associative structure replaces the highly formalized framework of the medical case history.<sup>164</sup> With Krokowski's discourse, Mann takes up these notions of disciplinary conflict. In his lecture, Krokowski decodes illness as a 'verkappte Liebesbetätigung' [masked form of love in action] and, with reference to the mental apparatus, relates physical disorder to denied wishes and social constraints. He thus delivers a psychological explanation of disease and a 'metaphorical reading of symptoms', as advocated by Freud (p. 181; Woods, p. 151). Meanwhile, in his discussion of TB he displays a 'mixture of clinical' and sentimental discourse, simultaneously de-mythologising and re-mythologising the disease.<sup>165</sup>

By the end of Krokowski's lecture Hans has given in to a dreamy state. His gaze wanders to Clawdia's back as she sits in front of him. Instead of an eager pupil he represents the state that Freud treats in his essay 'Formulierungen über die zwei Prinzipien des psychischen Geschehens' [Formulations on the Two Principles of Mental Functioning]: Hans has given in to the *Lustprinzip*. Therefore he is deeply frightened by the psychoanalyst who might uncover his attempt to avoid the 'Ablösung des Lustprinzips durch das Realitätsprinzip' [The supersession of the pleasure principle by the reality principle].<sup>166</sup> Like Dora, Hans is more than ready to demonstrate his love through illness. Yet there is also a decisive differences between Hans's and Dora's case. Where Dora's analyst engages in conversation with the patient, Hans is presented with a general diagnosis which he despises - apparently not so much for its content, but for its

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162 Mann relies on the stereotype of the ugly Jew here.

163 Woods translates 'unsuitable' whereas I don't think Mann implied a direct moral connotation but rather aimed to point at the disordered structure of Krokowski's discourse from a structural point of view.

164 Rudolf Klusmann, *Psychotherapie. Psychoanalytische Entwicklungspsychologie. Neurosenlehre. Behandlungsverfahren. Aus- und Weiterbildung* (Berlin: Springer Verlag, 2000); Roy Schafer, 'Narration in the Psychoanalytic Dialogue', *Critical Inquiry*, 7/1 (1980), 29-54.

165 Kennedy, *A Curious Literature*, p. 263.

166 Sigmund Freud, 'Formulierungen über die zwei Prinzipien des psychischen Geschehens', VIII: Werke aus den Jahren 1909-1913, 230-238 (p. 234); translation: Sigmund Freud, 'Formulations on the Two Principles of Mental Functioning', *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. by Strachey, 1<sup>st</sup> repr. edn, XII: The Case of Schreber, Papers on Technique and Other Works, 213-226 (p. 222).

form. As in *Death in Venice* the protagonist cannot escape his past, in this case his incomplete grasp of love. Whereas the Tadzio/Aschenbach relationship remains opaque, the Hans/Chauchat plot is decoded as unsanctioned love by Dr. Krokowski (p. 181; Woods, p. 151). The Dionysian danger of the loss of restraint is here represented in Clawdia's body and her 'appealing vulnerability' that promises frenzy.<sup>167</sup> The narrative complies here with the psychoanalytic view, as Mann creates a self-referential text where the author provides the interpretation of his characters. Psychoanalysis, as the issue of the day, gave the writer new perspectives and ways of asserting his authority. In this scene the psyche becomes the central experience and focus of the narrative. Mann applies a psychoanalytic framework to demonstrate the return of the repressed. He thus modernises his own psychological model through psychoanalytic discourse.

The analyst remains an ambiguous figure to Hans. At the end of his talk Krokowski raises his voice, 'Kommet her zu mir' [come unto [me]] (p. 183; Woods, p. 152) – he exclaims with opened arms. Thus the figure of the doctor as Christ is taken up again, as already discussed in the case of the doctors surrounding Bethsy Buddenbrook's bedside. Simultaneously, Krokowski literally turns into the ascetic priest envisioned by Nietzsche who 'erzwingt, wo er kann, seine Werthung des Daseins' [enforces where he can *his* valuation of existence].<sup>168</sup> At this point Hans feels a 'wahrhaft unsinnige Angst' [wild, truly mad terror] of analysis, and again Krokowski is linked to Hans's *sentimentalisch* longing for change (which must remain a repressed wish for now) (p. 130; Woods, p. 107). Like Nietzsche's priest Krokowski represents here the 'fleischgewordene Wunsch nach einem Anders-sein' [wishmade flesh]; Hans's repressed wish is personified.<sup>169</sup>

The protagonist rejects psychoanalysis for its authoritative claim to truth and its incoherent way of treating language. Yet he is also fascinated by it. Hans eventually decides to explore his fear. One day Joachim observes how he enters Krokowski's rooms. This is a turning point in the novel. It demarcates the emancipation from restraint for Hans in the person of Joachim, who feels he has been cheated upon as Hans keeps his visits a secret. Quite literally, Hans now does the opposite of what convention in every-day life expects. Liberated from family ties and taboos, he gives in to his curiosity. Moments of clear-cut identity are challenged now, a notion concurring with the Freudian assumption of the human psyche. The turn away from convention towards psychoanalysis also forms a link to the artistic identity as the psychoanalytic movement reaffirmed the writing enterprise through its belief in the power of language and the redemptive 'erlösend[e] Wirkung der Analyse' [the redemptive effects of analysis] (p. 183; Woods, p. 153). However, Hans's role as Krokowski's patient remains opaque

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<sup>167</sup> Sontag, p. 30.

<sup>168</sup> Friedrich Nietzsche, *Zur Genealogie der Moral. 1886-1887*, in *Nietzsche Werke. Kritische Gesamtausgabe*, ed. by Colli and Montinari, (Leipzig: C. G. Naumann, 1887; repr. Berlin: de Gruyter, 1968), VI/II, 259-431 (p. 380); translation: Friedrich Nietzsche, *The Genealogy of Morals. A Polemic*, in *The Complete Works of Friedrich Nietzsche*, ed. by Levy and trans. by Horace Samuel, XIII, p. 150.

<sup>169</sup> Friedrich Nietzsche, *Zur Genealogie der Moral*, VI/II, p. 384; Samuel translates 'the incarnate wish for an existence of another kind', XIII, p. 154.

as we never learn what goes on in the ‘pit’. In ‘Bemerkungen über einen Fall von Zwangsneurose’ [Notes Upon a Case of Obsessional Neurosis] (1909) Freud stresses that patient and analyst collaborate in reconstructing the past in a ‘dual production of narrative’.<sup>170</sup> Mann undermines this notion. We see Krokowski talk and assign meaning in public, but we never learn what Hans tells the analyst. The psychoanalytic credo to educate the patient in psychoanalytic theory is taken up, but is ironically undercut at this point. Instead, Hans starts to engage with his scientific education more intensely and independently than he has ever done before.

Over the course of his stay Hans becomes increasingly wary of Krokowski and his psychoanalytic practice. In Dora’s case Freud admitted that he was not able to ‘der Übertragung Herr zu werden’ [mastering the transference], which led to Dora treating him like a servant and eventually quitting analysis at very short notice.<sup>171</sup> When Hans was confronted with the corpse of his grandfather he reacted with distancing strategies, whereas now he increasingly identifies Krokowski as a leader ‘im Sumpf-Verdächtigen und Untermenschlichen’ [swampy, suspicious, and subhuman regions] feeling the loathing he never had for the grandfather’s corpse (p. 929; Woods, p. 797). Hans witnesses one of the occult séances Krokowski carries out with young Ellen Brand which are justified through a pseudoscientific framework, ‘stets ergebnislos wiederholten Aktes wissenschaftlicher Strenge’ [this standard procedure of scientific rigour, always conducted without any findings] (p. 932; Woods, p. 800). Hans takes part once, but when Joachim’s ghost appears he demands the keys to leave the room. As in Dora’s case, Hans rids himself of the analyst. The power struggle Freud acknowledged is again decided in favour of the patient who ‘nickte dem Doktor mehrmals *drohend* ins Gesicht’ [nodded menacingly several times directly in the doctor’s face] and leaves (p. 947; Woods, p. 813). Krokowski is identified as the Nietzschean priest who makes ‘den Kranken zum Sünder’ [who turns the sick into sinners] and ‘hat die seelische Gesundheit verdorben’ [has [...] corrupted the health of the soul].<sup>172</sup> Hans symbolically prohibits the curious science psychoanalysis and bans it by slamming Dr. Krokowski’s door in chapter seven, ‘Fragwürdigstes’ [Highly Questionable] (p. 907; Woods, p. 778). This scene Philip Roth will take up and extend in *My Life as a Man*. When seen in the light of transference, however, the narrative supersedes the attempt of the protagonist to rid himself of the psychoanalytic view, and asserts once more an inclination towards the psychoanalytic view of an individual unable to translate his own metaphors. By suggesting that Hans acts out of transference, the question remains in the end if Mann is not telling a psychoanalytic joke where the reader has to determine whether Krokowski is a thief and ceases to be a sincere character or whether Dr. Krokowski is Dr. Freud.

This analysis of the direct representation of psychoanalysis in the novel has brought

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<sup>170</sup> Kennedy, *A Curious Literature*, p. 244.

<sup>171</sup> Sigmund Freud, ‘Bruchstücke einer Hysterie-Analyse’, V, p. 282; Strachey, VII, p. 118.

<sup>172</sup> Friedrich Nietzsche, *Zur Genealogie der Moral*, VI/II, pp. 407-410; Samuel, XIII, p. 187.

several points to the fore. Firstly, psychoanalysis allows the author to openly decode illness as a form of repressed love and thereby challenge the view of TB as a disease caused by toxins. It revives the idea of the 'TB character'. Mann here overtly juxtaposes the physiological explanatory of disease with the psychological. Secondly, psychoanalysis gave Mann the opportunity to engage with the question of who has 'the power over the text of life'. On the narrative level Mann employs psychoanalytic case writing which with its belief in the power of the word affords him a number of creative opportunities: it allows him to interpret his characters through a metaphorical reading of symptoms, to construct a self-referential text, and to revive a curious manner of casting the patient as sexualized spectacle. Overall it remains unclear as to whether the inclusion of these psychoanalytic notions are coincidental or intentional. Mann's referential light-heartedness as regards psychoanalytic thought is juxtaposed with the increasing contempt Hans feels on an intellectual and emotional level for the truth claim of psychoanalysis and its transgression of boundaries.

The disciplinary conflicts surrounding psychoanalysis made it possible for Mann to experiment with medical narrative, establishing psychoanalysis as a dubious science on the brink of scientific discourse. In his negative weighing of psychoanalysis Mann also criticises Freud's early assumption about the creation of art. Freud originally made a distinction between the scientist and the artist, the former being occupied with integrating external objects psychically and the latter with escapist fantasy; in this, Freud relied upon a 'quasi-Aristotelian conception of artistic response', as Peregrine Horden points out.<sup>173</sup> In his 1909 essay 'Formulierungen über die zwei Prinzipien des psychischen Geschehens', however, Freud offers a more positive view of the artist as an individual, who in his loathing of reality, is able to make from his fantasies 'ein[e] neu[e] Art von Wirklichkeit' [truths of a new kind].<sup>174</sup> Melanie Klein's later argument that creative capacity is dependent on the ability to successfully work through the depressive position ties in with this.<sup>175</sup> 'Truths of a new kind' are reflected in the narrative where psychoanalysis exercises its greatest influence when it is not mentioned openly. The Mannian reciprocal double-movement of appreciation and contempt for psychoanalysis makes the psychoanalytic case language and explanation of disease one of the most powerful discourses in the novel. Nevertheless, Hans is looking for his own way of understanding life and death and his confrontation with psychoanalysis has provided further motivation towards this.

### 3.7.3 Towards an integrative model

Hans embarks on a journey of an ambiguous character when he adopts the credo of gaining

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<sup>173</sup> Storr, p. 55;

Horden, 'Thoughts of Freud', p. 20.

<sup>174</sup> Sigmund Freud, 'Formulierungen über die zwei Prinzipien des psychischen Geschehens', VIII, p. 236; Strachey, XII, p. 224.

<sup>175</sup> To Klein creativity is rooted in the depressive position as an attempt to restore what has been fragmented and destroyed. Symbol formation is perceived as the outcome of loss. Hanna Segal, 'A Psychoanalytic Approach to Aesthetics', in *Reading Melanie Klein*, ed. by Lyndsey Stonebridge and John Phillips (London: Routledge, 1998), 203-221 (p. 214).



*Bildung* through books. At the turn of the century reading posed a concrete danger to life, as public libraries became increasingly concerned with fears of ‘the contaminated book’.<sup>176</sup> Allegedly touching and reading a book could bring about the tubercular body.<sup>177</sup> Freud argues in Dora’s case that she ‘hatte sich also eine Krankheit angeschafft, über die sie im Lexikon nachgelesen, sich für diese Lektüre bestraft’ [had punished herself for dipping into its pages].<sup>178</sup> Reading scientific and encyclopaedic texts was thus far from an advisable pursuit for young members of society. Unlike Gustav von Aschenbach, who increasingly avoids reading and writing when infection begins to take hold of him, Hans Castorp seeks a confrontation with TB through the written word. However, he does not choose the books circulating among the other patients. Instead, Hans shows traces of the Mannian singular artistic identity by picking books of scientific and medical scope in order to enhance his horizons.

In the following I shall be concerned most especially with the way Hans processes medical knowledge through reading and develops a dialectic of life and death on the basis of modern medicine, as well as in close connection with the romantic poet Novalis (1772-1801) as Malte Herwig suggests.<sup>179</sup> Mann, the ironist, now shows how Hans, the dilettante, embarks on solving the great questions of life. The paradoxical development of the case history at the Fin de Siècle which saw both a broadening of the psychological scope of the case history and its stripped, clinical language, is evident in Mann’s discourse here.<sup>180</sup> TB is depicted as the motor for Hans’s *Bildung*, as the ‘gesteigerte Wärmeerzeugung seines Körpers’ [his body was generating increased warmth] brings Hans ‘geistige Erregung’ [mental excitement] (p. 379; Woods, p. 324).<sup>181</sup> The body in disorder becomes the incentive force to broaden one’s mind.

In the course of the chapter ‘Forschungen’ [Research] the narrator reveals more profound connections between illness, the body, and the mind. In a romantic night-time setting which Novalis praised as

der heiligen, unaussprechlichen  
Geheimnißvollen Nacht –  
[the holy, unspeakable  
the secretive Night]<sup>182</sup>

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176 Only in 1916 the health scares in regards to books and contagion could finally be uncovered as exaggeration. Gerald Greenberg, ‘Books and Disease 1880-1900’, *Libraries and Culture*, 23/3 (1988), 281-294 (p. 281).

177 Sander Gilman, *Franz Kafka, the Jewish Patient* (London: Routledge, 1995), p. 172.

178 Sigmund Freud, ‘Bruchstücke einer Hysterie-Analyse’, V, p. 265; Strachey, VII, p. 102. This notion also rings true for Novotny.

179 Herwig, p. 125.

180 Thomé, p. 179.

181 Here Woods misunderstands the order of cause and effect. Mann writes that increased bodily warmth is the motor for Hans’s subsequent intellectual pursuits.

182 Novalis, ‘Hymnen an die Nacht’, in *Novalis: Schriften*, ed. by Paul Kluckhohn and Richard Samuel, 3rd edn, 4 vols (Darmstadt: Wissenschaftliche Buchgesellschaft, 1977), I: Das dichterische Werk, 130-157 (p. 130, 136-37); translation: Novalis, *Hymns to the Night*, trans. by Dick Higgins (New York: McPherson & Company, 1984), p. 49.

Hans starts to read about the human form. Christian Virchow has convincingly linked Mann's elaborations on cell pathology in this chapter to Oscar Hertwig's *Allgemeine Biologie* (1920).<sup>183</sup> In his overview of biological knowledge at the time Hertwig speaks of a 'Kampf der Zellen' [battle of the cells].<sup>184</sup> Cells are narrated like human beings here. So too, as described by Otis, scientific findings are integrated into a discourse on the feasibility of society in the face of rising hygiene scares in overcrowded places. Mann adopts this notion of cell interaction as a paradigm for human interaction, depicting cells themselves as 'liederlich' [dissolute] (p. 397; Woods, p. 338). From the level of the cell he turns to the explanation of life romantically framed by Novalis as the 'unendlichen Augen [der] Nacht' [endless eyes], which bring the ability to grasp 'die Tiefen' [the depths].<sup>185</sup> This confirms Laqueur's observation that an attention to bodily detail produces insight into what it means to be human. But for now the outcome seems rather disappointing to Hans.

At the centre of Hans's reading of scientific books stands the insight that 'dem Leben schien es verwehrt, sich selbst zu begreifen' [it seemed that life was prohibited from understanding itself] (p. 391; Woods, p. 334). This corresponds with the scientific source material; despite his efforts to introduce detached scientific language, Hertwig frequently admits the limits of contemporary clinical knowledge. He finds the cell reactions 'überraschend' [surprising] and explains infection as invasion of 'Fremdartiges' [the outlandish].<sup>186</sup> Hertwig's explanatorion oscillates between a highly specialized discourse on pathology and one discourse which admits its own limitations and displays a curious rhetoric. Mann himself commented in his diary on the inadequate scope of scientific language, describing now 'Die Ratlosigkeit der Wissenschaft über den eigentlichen Lebensprozeß' [The helplessness of science concerning the processes of human life] is astonishing and 'armselig' [pathetic].<sup>187</sup> He thus expresses a view in opposition to the modern vision of the body as 'manageable machine'.<sup>188</sup> As seen in the typhoid scene in *Buddenbrooks* and the cholera description of the English clerk in *Death in Venice* the narrator of *The Magic Mountain* now sets out to reconfigure common medical knowledge in his own language and so vindicates the *sentimentalisch* consciousness. It is, therefore, precisely the gaps in medical knowledge, as evidenced in Hertwig's narrative, that are of interest to the novelist Mann.

In regards to the causes of infection Hertwig remains opaque and only mentions 'besondere Verhältnisse' [particular circumstances].<sup>189</sup> Mann lets Hans find a morally charged

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183 Virchow, 'Medizin und Biologie in Thomas Manns Roman *Der Zauberberg*, 117-172; Oscar Hertwig, *Allgemeine Biologie*, 5th edn (Jena: Verlag Gustav Fischer, 1920).

184 Hertwig, p. 504.

185 Novalis, I, p. 132, l. 103. Higgins, p. 53.

186 Hertwig, p. 505.

187 Thomas Mann, 1 August 1920, in *Thomas Mann. Tagebücher 1918-1921*, ed. by Peter de Mendelsohn, 3 vols (Frankfurt am Main: Fischer, 1979), I, p. 457.

188 Albury, p. 266.

189 Hertwig, p. 505.

explanation when he states that the organism offers the invading cell a home in a ‘liederliche Weise’ [dissolute conditions]. It is the ‘Lustbarkeit’ [riotous living] of the cell leading to the ‘berauscht’ [intoxicated] organism he explains in a Behrends like jargon (pp. 396-397; Woods, p. 339). The ‘Verhältnisse’ are thus conceived in Dionysian terms. Once again medical curiosity is tied to erotic curiosity but this time Hans is aware of it and takes a moralistic stance. The invaded cell turns into a metaphor for immorality and miasmatic explanations connected to the idea of individual predisposition come to the fore.<sup>190</sup> The author exploits the notion of uncertainty in the medical text for his purposes and creates a morally imbued account of the body. ‘What was life?’ It was ‘eine infektiöse Erkrankung der Materie’ [an infectious disease of matter] resonating Nietzsche’s nihilism and assumptions about life as a purely biologicistic process.<sup>191</sup>

In the search for the source of cell invasion, the narrator now lifts the discourse on the cell to a metaphysical level. According to the narrator the ‘Kitzel einer unbekannten Infiltration’ [a tickle of some unknown incursion] produces ‘das Stofflich[e]’ [the material]. It is the mind which had once given birth to the body rendering life an infection (p. 398; Woods, pp. 338-339). Interestingly Mann only relies on ‘parasitische Vereinigung’ [parasitic cell fusion] here, rather than ‘Die symbiotische Vereinigung’ [the symbiotic cell fusion] from Hertwig’s chapter.<sup>192</sup> Life itself is thus conceived as pathology; the author reveals a deeply pessimistic notion of life as ‘Sündenfall’ [Original Sin] conceived in scientific terms (p. 398; Woods, p. 339). Furthermore, illness now becomes (to borrow Sontag’s terms) metaphoric – a matter of moral disposition. Hans extends ‘the infectious disease of matter’ to every human being and thus raises the question of morality to a general level.

In ‘Forschungen’, for, now, in a typical Mannian reciprocal double-movement, the reading of clinical texts culminates in Hans’s dreamy vision of Mme Chauchat; the female becomes the mediating element between life and death. Again Novalis and his nightly vision of ‘die verklärten Züge der Geliebten’ [the transfigured features of my beloved] shine through here.<sup>193</sup> Thus romantic notions of life and death, illness and health appear to underlie the scene. However, the psychoanalytic stance of the novel challenges a purely romantic reading, as Freudian interpretation suggests that Hans’s ‘wissenschaftliche Motivierung diene der unbewußten erotischen zum Vorwand’ [scientific motivation might be said to serve as a pretext for the unconscious erotic one].<sup>194</sup> Yet in the context of the novel this psychoanalytic explanation proves only partially satisfactory, as Hans sets out to provide his own explanation

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190 Otis, p. 155.

191 Kristiansen, p. 262.

192 Hertwig, p. 504.

193 Novalis, I, p. 134, l. 188. Higgins, p. 17.

194 Sigmund Freud, ‘Der Wahn und die Träume in W. Jensen’s *Gradiva*’, in *Gesammelte Werke*, 4<sup>th</sup> edn, VII: Werke aus den Jahren 1906-1909, 29-125 (p. 78); translation: Sigmund Freud, ‘Delusions and Dreams in Jensen’s “Gradiva”’, in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. by Strachey, 1<sup>st</sup> repr. edn, XI: 1906-1908, Jensen’s *Gradiva* and Other Works, 63-106 (p. 52).

of life. By the end of the chapter the reader has witnessed Hans learning to explore his mind by means of scientific readings. Still more importantly, it has become evident that Hans has enhanced his capacity to feel through a humanitarian notion of suffering hinging upon the detailed analysis of bodily errors, which eventually reveals life itself as an error of nature. Whereas in *Buddenbrooks* Mann presents the reader with the rather unspecific image of the ‘fremde, heiße Wege’ of illness and in *Death in Venice* archaic dissolution is dominant, here the protagonist learns to explain life through medical detail.

Eventually in *The Magic Mountain* the battle between different cells tips over into the Geist [mindfulness]/Materie [matter] problem. For the first time Mann directly conveys philosophical thoughts on life and disease through medical detail. In ‘Goethe and Tolstoy’, Mann will emphasise again what insights suffering and pain can bring: the inspiration of the *sentimentalisch* mind. However, at this point there are still obstacles to be overcome before Hans can grasp the meaning of humanism. This becomes clear in his visits to the dying Anton Karlowitsch Ferge and to Karen Karstedt. Hans’s humane deeds remain ambiguous as they are carried out on ‘pädagogisch verbotenes Gebiet’ [pedagogically forbidden territory], serving to assuage his curiosity and functioning as a substitute for experience and love, according to Settembrini (p. 434; Woods, p. 370). He remains the dilettante for now. As the novel progresses, the reader sees how Hans finally dares to embrace experience and turns towards the reality principle. He approaches Mme Chauchat in the ‘Walpurgisnacht’ [Walpurgis Night] chapter and, in so doing, discovers another sphere of education: he now takes a look at life itself in the form of a botanical study.

At the beginning of spring, in the chapter ‘Noch jemand’ [Someone Else], having visited Krokowski over the course of a couple of weeks, Hans notes ‘Man könnte zum Botaniker werden’ [It’s enough to make a botanist of [one]] (p. 505; Woods, p. 431). Indeed, at this point in the novel Hans’s simple blue eyes turn to a new subject – flowers. On the one hand the turn to botany is tied to the psychoanalyst whom Hans remembers linking life and death through the image of a plant, ‘einer Morchel’ [a morel]; on the other hand, when considering the notes Mann made for his essay ‘Goethe and Tolstoy’, the summer before, it is more prominently linked to Goethe (p. 506; Woods, p. 432). As Mann notes, in 1786 Goethe wrote to Charlotte von Stein:

Die Blumen haben mir wieder gar schöne Eigenschaften zu bemerken gegeben, bald wird es mir gar hell und licht über alles Lebendige.

[The flowers have given me once again so many beautiful features to notice, soon I will have a firm grasp of the whole living world.]<sup>195</sup>

Thus Hans sets out to become a scholar in the image of Goethe. The reawakening of

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195 Koelb, *Thomas Mann’s ‘Goethe and Tolstoy’*, p. 205, translation p. 84.

nature in the spring triggers the curiosity to learn more about life and a hunger for detail in Hans, and he begins to dissect plants in order to nurture this newly awakened 'Lust zu dieser Wissenschaft' [decision to become a scientist] (p. 505; Woods, p. 431). In my view the anatomy of life signified by botany poses an intensified dimension of knowledge acquisition and a means of emancipation. Hans is not the subject to Behrends' X-ray 'dissection' any more and has ceased to rely on others as the source of his knowledge. Instead, he adopts an active position, working through that which has previously been repressed and thereby gaining a consciousness of death. The Goethe allusion also confirms Hans's strengthened masculine identity; the botanist Hans is getting closer to becoming a Goethe-like figure, an Olympian who pursues *Geist*.

This newly awakened interest in plant anatomy can thus be linked to a growing capacity for interiority. As once did Goethe's figure Wilhelm Meister by using 'Surrogate' [reproductions] to carry out his anatomical studies, Hans now finds an alternative to the human body and circumvents the dark side of medicine with its 'unnatürlichem wissenschaftlichen Hunger' [sort of unnatural scientific hunger] for human bodies.<sup>196</sup> Hans uses his pocket knife to cut off 'die Krone' [corolla]. Behind his looking glass it becomes an 'abenteuerlich fleischiges Gebilde' [bizarre fleshly structure]. The flower is thus imparted with human attributes. Hans keeps cutting until he can see 'den zarten Kanal' [the delicate channel] of the 'Griffel' [pitted pistil] inside. His gaze becomes enhanced and professionalised through the lens that penetrates the plant. Hans compares his findings with his books and the 'wissenschaftliche Richtigkeit' [scientifically correct[ness]] of what he sees pleases him (p. 512; Woods, pp. 437-438). In contrast to clinical autopsy, Hans does not investigate pathology, but rather tries to grasp biological normality.

We see here a protagonist who, by means of dissection, establishes a systematised outside world for himself like the pathologist who 'Systematically, carefully, in full control [...] unmasks the secrets of the body'.<sup>197</sup> Laqueur points out that in the autopsy report 'the epistemological stage is set for the mastery of death'. In his fascination with botany Hans turns from reading and thinking about life and death to its concrete, scientific investigation.<sup>198</sup> The corpse considered in this context of close scientific investigation loses its threat as a source of abjection and an insult to identity. Only now, with his perception widened through detailed investigation into the 'fleischigen Gebilde', does Hans's gaze turn to the planets and the universe once again. The epistemological growth depicted in this scene is not restricted to knowledge, but extends also to feeling. Laqueur associates narrative with the arising of compassion in a society where the body has become 'a common locus of understanding and

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196 Johann Wolfgang Goethe, *Wilhelm Meisters Wanderjahre*, X, p. 602 and p. 604; Winston, X, p. 325 and p. 323.

197 Laqueur, p. 197.

198 Ibid., p. 195.

sensibility'.<sup>199</sup> This notion is central to the process of growth which Hans Castorp undergoes. On his route to becoming educated, Hans passes through the stages of reading in detail about the body, hearing about it, and dissecting lower forms of being as a substitute for the human body. As suggested in relation to the X-ray scene, medical detail allows Hans, who is presented as the narcissistic (artist) self, 'to bridge the gap' between himself and others, 'between fact and action'.<sup>200</sup>

At the end of the chapter 'Noch jemand' Hans feels 'verantwortlich' [responsible] (p. 536; Woods, p. 458). Hans's botanical interest resonates with Laqueur's contention that 'the corpse more so than the vivified flesh, enabled the imagination to penetrate the life of another'.<sup>201</sup> Medicine and science are shown to contribute not only to the understanding of life but also 'to the human comprehension of death' and, by extension, to 'a firm grasp of the whole living world'.<sup>202</sup> However, by giving simple Hans the artistic sensibility of a Goethean artist figure Mann not only allows his protagonist to flourish, but simultaneously satirizes the figure of the clinical researcher. This tendency towards satire is intensified in the contrafactum of Hans's studies achieved through the philosophical 'Große Kolloquium über Gesundheit und Krankheit' staged by Lodovico Settembrini and Leo Naphta.

Hans's changed outlook on life is not only linked to his own studies, but also to the many discussions he has with Lodovico Settembrini and Leo Naphta. Despite the apparent turn away from psychoanalysis, the significance of these conversations resonates with Freud's 'transformational dialogue'.<sup>203</sup> Settembrini's early statement 'ein Mensch, der als Kranker lebt, ist *nur* Körper [...] ein Kadaver' [a human being who lives as an invalid is *only* a body [...] a cadaver] (p. 142; Woods, p. 117) stands in stark contrast to Mann's claim towards the end of the novel that 'Sie [illness] macht dich genial!' [It gives you a certain genius.] (p. 826; Woods, p. 708). The narrator thus fashions Settembrini as not only a teacher who guides the intellectual novice Hans, but also a benchmark against which Hans's emancipation can be observed. At first Hans feels disdain for the preacher-like tone of the organgrinder, yet over time at first and then becomes enticed by his rhetoric and the classical humanism he teaches. In the last third of the novel Leo Naphta presents the antithesis to everything Settembrini symbolises: he is a monist who valorises disease. According to Naphta, vice and illness are religious states in a monistic world where there is no agency but only Schopenhauerian chaos, 'das sittlich ungeordnete All' [a morally chaotic void] (p. 640; Woods, p. 549).

When, together with a handful of other patients, the three men meet for the great 'Kolloquium' on sickness and health, Hans agrees with Settembrini that illness is 'unmenschlich' [inhuman] and life and love are aristocratic. But Naphta interrupts with a

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199 Ibid., pp. 200-201.

200 Ibid., p. 204.

201 Ibid., p. 177.

202 Ibid., p. 197.

203 Schafer, p. 11.

quotation from Nietzsche: 'Mensch sein, heißt krank sein' [To be human means to be ill].<sup>204</sup> This ties in with Hans's earlier thoughts in 'Forschungen' when he conceived of human life as brought by infection. Naphta, however, does not find this idea dissolute and immoral. On the contrary, in his view seeking health means to return to nature and 'Vertierung' [to turn [man] into an animal] (p. 642; Woods, p. 550). Illness is thus advocated by Naphta as the principle of emancipation from nature through nature in the form of illness as outlined in 'Goethe and Tolstoy' by Mann in 1921. The narrator concludes that, as regards the colloquium, 'die Prinzipien und Aspekte kamen einander beständig ins Gehege, an innerem Widerspruch war kein Mangel' [principles and viewpoints were constantly at loggerheads, there was no lack of inner contradictions], resulting in 'die große Konfusion' [the great confusion] (p. 646; Woods, p. 554). Given this state of confusion, Hans's snow dream therefore takes on a crucial function in arriving at a more coherent *Philosophie der Krankheit* in the novel.

As seen in the dream scene of *Death in Venice*, Mann places great significance on dreams in his work, as sites where philosophical, psychological and physical states converge and produce new meaning. The psychoanalytic credo that a dream is a 'text' leading to insight into the psyche is affirmed in the narrative, yet simultaneously this could be coincidental.<sup>205</sup> Hans's snow dream has often been considered the key scene of the book as it leads to moments of clear insight into the secrets of life for Hans, as he descends into 'the early history of Western culture'.<sup>206</sup> In contrast to the *Death in Venice* dream, the narrator does not classify the snow dream as a nightmare. Rather, the reader is presented with a paradise-like Mediterranean panoramic view. As in Aschenbach's case intense emotions arise, but in this case the protagonist feels his heart open up 'schmerzlich weit und liebend' [painfully, lovingly wide] (p. 679; Woods, p. 582). The author implies a state in which the unconscious Hans knows everything and is experiencing the climax of a spiritual process of expansion.<sup>207</sup> This knowledge takes on the archetypal, collective form of the 'große Seele' [great soul] when the narrator explains, 'man träumt anonym und gemeinsam, wenn auch auf eigene Art.' [we dream anonymously and communally, though each in his own way.] (p. 684; Woods, p. 586). With this description of a collective dream society Mann evokes Jung's notion of the collective unconscious. However, unlike Aschenbach in *Death in Venice*, Hans is able to keep his individual boundaries intact. Despite dreaming in archetypal imagery the protagonist shows no fear of permeable membrane boundaries and chaos. On the contrary, Hans has now become a considerate and sensitive observer who, when watching the intimate scene of a mother suckling her child, wonders 'beklommen' [anxiously] whether he is allowed to do so (p. 681; Woods, p. 584). Hence, individual boundaries and moral standards are affirmed.

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204 Wood translates 'Illness was supremely human'.

205 Sigmund Freud, 'Bruchstücke einer Hysterie-Analyse', V, p. 280.

206 Robertson, 'Primitivism and Psychology', p. 88.

207 Sigmund Freud, 'Der Wahn und die Träume in W. Jensen's *Gradiva*', VII, p. 111; Strachey, XI, p. 83.

Nevertheless, the *principii individuationis* does not remain unchallenged. Mann draws on Freud's case history 'Der Wahn und die Träume in W. Jensen's *Gradiva*' when the temple statues in the dream, as in Hanold's case the *Gradiva*, bring forth an archaic scene: two old women tearing apart a baby body. As Ritchie Robertson points out death challenges separateness as it 'reabsorbs the individual into the universal' and the cruel scene effects the realisation of the abject at a physical level.<sup>208</sup> At the sight of the baby corpse 'wurde ihm [Hans] so übel, so übel wie noch nie.' [he felt sick, sicker than he had ever felt in his life] (p. 683; Woods, p. 585). Outside the sheltered atmosphere of the *Berghof* and the laboratory, with no lens to put between himself and the object, Hans is forced to feel the 'threat to the self's proper borders leading to the rejection of the other'.<sup>209</sup> Yet Hans quickly overcomes this state of crisis and leaves the scene behind; unlike Hanold and Gustav von Aschenbach, Hans is cast as the knowledgeable patient here who interprets what he has just dreamt himself and attempts to integrate the abject. He has gained a consciousness of death and, unlike the Buddenbrook family, is able to integrate this experience. Mann applies the interpretive perspective of psychoanalysis to his narrative, as the protagonist seems to take on the task formerly assigned to the doctors and assigns his authority.

Even though Mann combines dreamer and analyst in one person, Hans does not deliver a psychoanalytic interpretation of his dream, instead the interpretation of the dream that is offered in Mann's *Philosophie der Krankheit*. In this moment of universal insight, Hans steps outside his individual perspective and Settembrini's and Naphta's antagonisms are suddenly uncovered as superfluous. He turns to neither of these men, but decides to become one of the 'Sonnenleute' [sunny folk] whom romantic poet Novalis imagined as the marvellous race of gods (p. 685; Woods, p. 587). They know about death, but keep up love, politeness and 'Form' 'in stillem Hinblick auf das Blutmahl!' [out of silent regard for the bloody banquet] (p. 686; Woods, p. 588). Here Novalis is alluded to explicitly in the quotation

Ich fühle des Todes  
Verjüngende Flut  
[I feel death's  
Renovating tide]<sup>210</sup>

For Novalis, with the sight of death a new era has begun and this notion also rings true for Hans.

The *Blutmahl* calls forth the acceptance that death and pathology exist. So too, through his medical *Bildung* Hans has lost his fear and come to understand the dialectics of life. Knowledge about both pathology and health is necessary in order to adequately understand and

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208 Robertson, 'Primitivism and Psychology: Nietzsche, Freud, Thomas Mann', p. 89.

209 Keltner, pp. 44-46.

210 Novalis, I, p. 138; Higgins, p. 23.



describe the world. The simple patient Hans has now turned into a patient with a writer's sensibility, displaying both: Goethe's notion of the scientifically educated poet and the interiority of the *sentimentalisch* poet, as exemplified in Novalis. The understanding of pathology and the deferred experience of abjection have proved crucial steps in Hans's journey towards a greater level of insight into life, for a few moments Hans turns into the educated patient who self-interprets life, as advocated by Freud. Hans is now able to

einen mangelhaften Gegenstand aus sich selbst heraus zu ergänzen und sich durch eigene Macht aus seinem begrenzten Zustand in einen Zustand der Freiheit [das Ideal] zu versetzen.

[rendering complete some defective subject matter, taken from himself, and by his own might transporting himself from a limited condition to a condition of freedom]<sup>211</sup>

Illness forms an integral part of this knowledge and loses the immoral connotations the author imbued it with in 'Forschungen'. Instead, in a reciprocal double-movement, life and death, chaos and control are presented as contained in 'Form'.

Mann's essay 'Goethe and Tolstoy' further develops his thinking on illness and sheds light upon themes within the novel. The conceptualisation of the essay took place in between finishing the fifth chapter of *The Magic Mountain* and beginning the sixth, around the 28<sup>th</sup> of May 1921. In the essay Mann confirms the view of life as pathology and bases his concept of humanism upon this idea. This then enables him to ground the artistic identity in bodily disorder and illness experience. In a first step he differentiates the genesis of the material world further: Illness turns from a corrupting twofold force tying *Geist* to the body, as delineated in 'Forschungen', to a means for the 'Emanzipation von der Natur' [emancipation from nature]. The 'Adel der Krankheit' [nobility of illness] is depicted as fundamental to the nobility of Man, the quality which distinguishes him from the animals. It is man's duty to endure and to maintain form, as do the sunny folk in the snow dream who know that the *Blutmahl*, pathology and death, are awaiting them. That which was understood as the original sin committed by *Geist* in the chapter 'Forschungen', where Hans envisioned illness as dissolute form of the material, now becomes the status quo: *Geist* [mindfulness] *is* illness.<sup>212</sup>

'Goethe and Tolstoy' thus illustrates how Mann arrives at the integration of pathology into life, defining it as the very basis of human existence. The model of integration he develops opens up a new way for the artist to find a place in society. In the text bodily disorder becomes the paradigm for human life, it is 'die eigentlich menschliche tragische Antinomie' [sickness is the truly human tragic contradiction] as Mann writes in his notes for the essay.<sup>213</sup> First Mann re-

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211 Friedrich Schiller, 'Über naive und sentimentalische Dichtung', XX, p. 477. Dahlstrom, p. 235.

212 Thomas Mann, 'Goethe und Tolstoi', IX, p. 80. Mann softens this notion in the same sentence as he finds it sounds tendentious, nevertheless he emphasises that the two terms are closely related.

213 Koelb, *Thomas Mann's 'Goethe and Tolstoy'*, p. 160, translation, p. 40.

establishes the connection between bodily disorder and life and then, in a second step, he reconsiders artistic categories through it. He tears down the boundaries between ‘Klassisches’ and ‘Romantisches’, *naiv* and *sentimentalisch* as established by Schiller and Goethe. Instead, he develops a highly modern conceptualisation of life. Life conceived of as infection can never be *klassisch* or *romantisch*; rather, it is both. Man, the *sentimentalisch* being, is torn by contradictions which makes objectivity impossible.

This untenability of the objective has important implications for the role of the medical. Medical narrative and scientific progress, in its striving to deliver objective truths about the body at the beginning of the twentieth century constituted the ideal site for Mann to locate knowledge gaps - and fill them with his imagination. Mann holds that human beings invite sympathy and love because they struggle and vindicates the *sentimentalisch* consciousness. Medical detail has played no little role in arriving at this insight. It is medical narrative conveying the details of human suffering, in accordance with Laqueur, that stands at the heart of Hans’s journey. Through the medicalization of life the abject becomes part of life. Hans is introduced to medical detail through confrontation with the *Berghof* cases. His encounters with Hofrat Behrends and Dr. Krokowski provide a first source of catharsis through clinical knowledge but also raise new fears. Integral to Hans’s learning is his experience of the abject, which provides the link to art. Julia Kristeva has pointed out that ‘The various means of purifying the abject – the various catharses [...] end up with that catharsis par excellence called art’.<sup>214</sup> For Hans, the central means for this catharsis in a Freudian sense, and the return to reality, is the medicalization of life. Through ‘medizinisches Erleben’ [medical experience], Mann maintains, one can come to the ‘Vorgefühl einer neuen Humanität’ [anticipation of a new form of humanism] and arrive at the integration of the artistic self into a humane life. As shown through Hans Castorp Mann now places ‘underlying relationships’ where ‘irreconcilable antitheses’ used to stand, as Ernest Schonfield points out.<sup>215</sup>

### 3.8 Conclusion – illness as experience of spiritual and intellectual expansion

Several conclusions flow from the analysis of the role of medical narrative in *Death in Venice* and *The Magic Mountain*. The consideration of Mann’s early and middle work has shown that illness discourse functions as an independent symbolic resource in his oeuvre. The character types that appeared in *Buddenbrooks* have now been expanded into dynamic, *sentimentalisch* individuals on their journey towards a better understanding of life, death, and art. Whereas for Gustav von Aschenbach the Dionysian body constitutes an antagonistic force in relation to Apollonian restraint, in the case of Hans Castorp the Schopenhauerian idea that ‘the body is the ground of our knowledge’ looms large.<sup>216</sup> The Nietzschean contempt for science is a matter of

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214 Kristeva, *Powers of Horror*, p. 17.

215 Thomas Mann, ‘Vom Geist der Medizin’, XI, p. 596.

216 Bell, *The German Tradition of Psychology in Literature and Thought*, p. 210; Schonfield, p. 54.

the past now. However, the nature of this knowledge remains ambiguous throughout and is the subject of satire and irony in the novel. Analysis of the configuration of the medical at the *Berghof* has revealed that - by means of curious medical discourse, psychoanalysis, and the latest clinical technology - the author provides a two-sided portrait of scientific progress at the beginning of the century superseding and affirming Nietzsche's contempt for science. Like Edgar Allan Poe and Georg Büchner, Thomas Mann plays with the medical case history as he reproduces and extends its narrative scope, creating a hybrid interspace that challenges genre boundaries.

In the case histories thus created Mann clearly opposes the modern notion of the body as manageable machine and instead creates illness mythologies, honouring the cultural power of the medical case history. Over the course of the narrative the clinical space of the *Berghof* even turns deferredly into the abject space. As Julia Kristeva put it, literature contributes to 'unveiling of the abject', the best literature brings us to 'the sublime point at which the abject collapses in a burst of beauty'.<sup>217</sup> The notion of the abject looming in the medicalization of life is combined with a growing capacity for his characters to be disturbed, a capacity which Mann's medical narrative conveys in these works to a far greater extent than in *Buddenbrooks*. In *Death in Venice* illness mythology is closely tied to collective fears triggered by, for example, bacteriology. On the narrative level the psychoanalytic doctrine comes to represent a new locus for these fears in *The Magic Mountain*. However, unlike the discourse on hygiene fears or the fears of permeable membrane boundaries, narrating pathology through psychoanalysis also bears emancipatory aspects. It affirms the writing project, allowing the author to self-interpret his characters and to decipher physical illness.

Overall, however, the psychoanalytic paradigm remains unfathomable, as Mann playfully creates a far from seamless portrait of it. Physiological and psychological explanations of disease converge and the narrative often contradicts the characters in their take on medicine and psychoanalysis. The author plays with the interpretive possibilities of psychoanalysis, but ultimately Krokowski is denied any authority over Hans's 'case', thus creating a power struggle. Eventually Hans sets out to find his own explanation of life and death by means of scientific research. In contrast to *naiv* Aschenbach, Hans does not avoid 'Form' and the knowledge of 'the disease' that plagues him. At first Hans's attempts to become educated are cast as dilettantish and tied to a troubled masculinity and to an obsession with death. The motivation behind all his actions is depicted as his erotic desire for Mme Chauchat who in turn loves the Olympian Peeperkorn. Hans's role as the carer of the sick is grounded in an incomplete grasp of the sufferings of the 'other'. Yet a numbers of factors combine to set Hans upon a more thoroughly humanist path: transformational dialogue at work through Settembrini and Naphta, the psychoanalytic education of the patient, his reading on topics of medical and scientific detail, and his turn towards the independent study of life in the form of dissection, a dialectic grasp of

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217 Kristeva, *Powers of Horror*, pp. 208-210.

life is gradually achieved. Eventually a humanist integration of pathology into life, and the gaining of power over the text of life, is made possible. Mann shows through his writing how the notion of a self-destructive subconscious force can be reconciled with clinical and medical categories of knowledge. In his active knowledge-seeking role Hans Castorp is very much a modern hero. Whereas Gustav von Aschenbach belonged to an older world where challenging the ascetic priest meant downfall.

Hans refutes the notion of the separation of death from life in modern times. Much rather he shows that the notion of life as pathology makes it possible to study life and to imagine death. Hans's confrontation with illness and scientific knowledge, and his subsequent appropriation of medicine, afford him a confrontation with death essential to his understanding of life and the self. He embraces the Goethean urge to explore what is underneath and distil 'the inner being'. Mann delivers both an 'analytic of suffering' and 'exposes the means for its relief'; he embeds illness into a model of emancipation and integration and delivers a mythology of illness as a means of spiritual expansion.<sup>218</sup> However, the humane insights thus gained are only short-lived: ironically, the hero's stay in the mountains has prepared him to join the generation of 'all the able-bodied men his age' and enter into the War.<sup>219</sup>

Hans's entry into War emphasises the double-edged appropriation of clinical discourse in the novel. In the end Mann ironically undermines humanism and the positivist, rational mode Nietzsche criticized, as with the War technology turns into a mode of progress that destroys. The medical thus functions as a ladder to a greater sense of understanding life, as seen in the snow scene, yet simultaneously Mann satirizes the assumption that the medicalization of life can lead to genuine humanism. In a typical Mannian double-movement, he reveals that progress must lead ultimately to the destruction of all humanist values. Despite the note of irony and ambiguity on which the novel ends, however, it can be concluded that there has been a decisive turn from a depiction of medical findings that induce fear towards a notion of medical discourse which provides ways to negotiate life's pathologies anew. Hans Castorp's journey culminates in the figure of the amateur scientist who knows, be it for only a few moments, how to reconcile life and death in a humanist manner; he has finally learnt to integrate pathology and mortality into his understanding of life. Artistic interiority is thus tied to scientific insight, and illness discourse emerges as a crucial cipher for an evolving aesthetic position in Mann's work.

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218 Laqueur, p. 178.

219 Roth, *Nemesis*, p. 26.

## IV. ‘The Human Body Is My Home’ – Philip Roth Reads Thomas Mann (pp. 124-168)

### 4.1 Introduction: gaining power over the text of life

The two sections on Thomas Mann have demonstrated that the illness discourse constitutes an independent symbolic resource in his writing of the early and middle period, and that Mann establishes distinct illness mythologies. In the second half of this thesis I set out to prove that the way Philip Roth reads Thomas Mann predominantly as a writer of illness narratives is plausible. I will explore vital episodes of Mann’s work that Roth rehearses and consequently reveal where similarities in these writers’ conceptualisation of illness mythologies lie and how these two authors are connected in playing with medical sources in their narratives. As a first step of my analysis I shall consider Roth’s descriptions of the self through psychoanalysis and, for the first time, delineate his shift towards the body in disorder in Part Four. The analysis of his early writings ‘Novotny’s Pain’ (1962), *My Life as a Man* (1974), and *The Anatomy Lesson* (1983) will reveal the ways in which illness becomes a new source of creativity and a stepping-stone towards knowledge of the self for Roth. I argue that with the body in disorder, Roth found a source of creativity that allowed him to redefine his protagonists’ relation with the surrounding world and experiment with self-interpretation. I shall explore how Roth treats physical pain not only as the literal ‘qwertyuiop’, thereby effacing meaning but also as the symbolic ‘poena’.<sup>1</sup> Eventually he suggests a Castorp like moment of insight for Nathan Zuckerman in *The Anatomy Lesson* which is undermined – in the best Mannian tradition – by deep irony. In Part Five I consider the later works *Patrimony* (1999), *Everyman* (2007), and *Nemesis* (2010), demonstrating how Roth develops further his illness symbolism in relation to Mann’s oeuvre. In my approach I will trace Mannian illness narrative motifs and themes which Roth then takes up and clarify Roth’s treatment of influence in his novels. I will look at the medical and psychoanalytic sources Roth uses with particular emphasis on case histories and encyclopaedic texts, and compare Roth’s treatment of them to Mann’s. I maintain that in Roth’s work, too, illness becomes the cipher of an evolving aesthetic position.

Sanford Pinsker argues that ‘Philip Roth has been relentless about probing the connections between his private passions and the larger mythologies that make up contemporary American life’.<sup>2</sup> A substantial part of the mythologies Roth takes up are grounded in the realm of illness. Writing about an interview held with Roth in 1984 David Plante notes that ‘[Roth said] that there is so much physical suffering in his books, [...] so many of his characters are in

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1 Philip Roth, *The Anatomy Lesson* (London: Vintage Books, 2005), p. 37 and p. 34. Further references to this book are given after quotations in the text.

2 Sanford Pinsker, *The Comedy that “Hoits”* (Columbia: University of Missouri Press, 1975), p. 115.

pain'.<sup>3</sup> In order to provide an introduction to Roth's appropriation of bodily disorder in his fiction, I will give a brief account of the collective perceptions tied to medicine in the 1960s and 1970s in America, before I turn to psychoanalysis as the preferred method of addressing pathology in Roth's early work.

Edward Shorter asserts that the time around World War II marked a turn towards greater trust in science and medicine within the general public due to new, more effective drugs and ways of treatment.<sup>4</sup> With the beginning of the 1960s American doctors saw 'the end of the golden age' facing massive public criticism. The double image of doctors as 'a group of dedicated and white-coated scientists' bending over test tubes and producing cures for various ailments, and, on the other hand, equally dedicated practitioners of medicine and surgery, 'devoting themselves to easing pain and prolonging human life', as a journalist observed in 1954, was now in doubt.<sup>5</sup> Whereas the physician had formerly held a priestly role as a member of the healthcare system and representative voice of the clinic, all three aspects of his identity now came under attack. Talcott Parsons's work on the sociology of disease investigates 'the institutionalized superiority of the health care agent' who is oriented 'towards collective values', a point of particular interest in relation to the Army doctors treating Novotny.<sup>6</sup> The criticism of the medical profession which existed in the public realm had also been featured in Mann's writing. The difference lies in the fact that by the 1960s the criticism of the medical profession had taken hold of large parts of society. After great successes within drug therapy and diagnosis, disillusionment had set in combined with a 'widespread anti-institutional sentiment'. Furthermore, the use of technical possibilities came under attack for fear that practitioners would 'impose too much medicine'. This went as far as suggesting that doctors might be using their patients for 'experimental purposes'.<sup>7</sup> As mentioned in my Introduction, Foucault's criticism of the medical gaze that makes each 'individual a case' that has to be 'corrected, classified normalized' in the 1970s gave an intellectual voice to growing doubts in the profession.<sup>8</sup>

At the same time the 'Americanization of the talking cure' had increased the influence of psychoanalytic doctrine in the first decades of the twentieth century. After World War II it became part of 'mainstream psychology' as Sander Gilman points out.<sup>9</sup> In an interview with Hermione Lee in 1984 Philip Roth said that psychoanalysis to him was

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3 David Plante, 'Conversations with Philip. Diary of a Friendship', in *Conversations with Philip Roth*, ed. by Searles, 150-161 (p. 159).

4 Edward Shorter, *Bedside Manners. The Troubled History of Doctors and Patients* (London: Viking, 1986), p. 22.

5 John C. Burnham, 'America's Golden Age. What happened to it?', *Science*, 215 (1982), 1474-1478 (p. 1474).

6 Talcott Parsons, *Action Theory and the Human Condition*, (New York: The Free Press, 1978), p. 33 and p. 75.

7 Burnham, pp. 1476-1477.

8 Foucault, *Discipline and Punish*, p. 191.

9 Sander Gilman, 'Psychotherapy', in *The Companion Encyclopedia*, ed. by Porter and Bynum, II, 1029-1049 (p. 1041).

an experience that I shared with tens of thousands of baffled people and anything that powerful in the private domain that joins a writer to his generation, to his class, to his moment, is tremendously important for him, providing that afterwards he can separate himself enough to examine the experience objectively, imaginatively in the writing clinic.<sup>10</sup>

Not only does Roth take up psychoanalysis and experiment with it as narrative form, his early writing also confirms the notion that a psychological perception of disease had become a commonly accepted way of thinking, as I will show in the short story 'Novotny's Pain'. By the 1960s the number of different psychoanalytic strands had become varied despite the fact that, with the introduction of psychoactive drugs, 'a lowering of the prestige of traditional psychoanalysis' had simultaneously occurred.<sup>11</sup> Within literary criticism of the 1960s, it is commonly accepted that the psychoanalytic narrative framework provides a liberating function for the author, as I have already detected in Mann's work. This assumption certainly holds true for the 1960s. However, psychoanalysis also took on a paradoxical role for academics and artists. On the one hand it represented a means of defending the body from the modern threat of mechanization and an 'infinite future of getting fixed', as well as postmodern play.<sup>12</sup> Peter Brooks pointed out;

We have banalized the body, demystified it [...]. But we still don't know the body. Its otherness from ourselves, as well as its intimacy, make it the inevitable object of an ever-renewed writing project.<sup>13</sup>

Psychoanalysis tries to make sense of this 'otherness' in its case-writing and the psychoanalytic dialogue. Symptoms come to signify not simply disease but stand for whole stories connected to childhood experience and personal biography. Here the 'patient presence' is placed centrally instead of being 'diminishe[d]'.<sup>14</sup> One could say that the body banalized by science becomes mythical again. This happened at a time when the authorial self was challenged by concepts of intertextuality and deconstruction. Like the postmodern patient the author seemed alienated from the text. Simultaneously, Arthur Frank has interpreted the postmodern assertion of doubt positively when it comes to writing about illness. He states that 'Postmodern times are when the capacity for telling one's own story is reclaimed'.<sup>15</sup> Even

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10 Hermione Lee, 'The Art of Fiction LXXXIV: Philip Roth', in *Conversations with Philip Roth*, ed. by Searles, 162-187 (p. 170).

11 Gilman, 'Psychotherapy', p. 1044.

12 Frank, *The Wounded Storyteller*, p. 89.

13 Peter Brooks, *Body Work: Objects of Desire in Modern Narrative* (Cambridge, MA: Harvard University Press, 1993) p. 286.

14 Hurwitz, 'Form and Representation of Clinical Case Reports', p. 229.

15 Frank, *The Wounded Storyteller*, p. 7.

though Frank's assumption that this is a singularly postmodern phenomenon seems debatable, the psychoanalytic narrative can be conceived as restoring authority to the patient narrative. On the other hand, however, the psychoanalytic profession, too, had developed a jargon objectifying and categorising the patient as 'narcissistic', 'libidinal' etc. Thus a double movement of attributing greater meaning to the defective body and of reducing its suffering to a certain vocabulary is discernible. This makes it similar to the medical narrative and gives psychoanalysis a paradoxical status. Roth takes up these two aspects of psychoanalysis. Medical and psychoanalytic case histories become one of his preferred spaces in which to negotiate these questions of interpretive authority, authorial self, and creativity.

An artist like Roth could not overlook the fact that during the 1960s the connection between 'creativity' and the psyche had become a much-discussed issue within psychoanalytic circles. Freudian psychoanalysis offered multiple explanations of creativity. In the Freudian psychoanalytic journal *American Imago* the issue is taken up regularly throughout the 1960s as artistic genius was held to represent 'an enigma'.<sup>16</sup> In America, Phyllis Greenacre's assumptions about the 'inborn' qualities of the artist were much discussed by her contemporaries. Greenacre argued that artistic personalities had a 'greater sensory responsiveness' to the outer world and possessed a 'heightened intensity' in their family relationships.<sup>17</sup> In his paper 'Clinical Aspects of Creativity' William G. Niederland took up these ideas about the artist-self and, with reference to Thomas Mann's case, went a step further, grounding creativity in physical defect and the 'restorative strivings' that convert physical stigma into a 'mark of excellence'.<sup>18</sup> Niederland falls back upon Freud's 'pathographic approach' to art.<sup>19</sup> The artist is attributed a 'greater bodily sensitivity' and the feeling of being different was now connected to the body, engendering 'aggressive efforts to repair the 'unsatisfactory body''.<sup>20</sup> The article demonstrates that the connections between bodily defect and art were an essential part of contemporary psychoanalytic discourse. The other psychoanalyst in *American Imago* to reference Mann and discuss the issue was Dr. Hans Kleinschmidt, Roth's psychoanalyst, whose article 'The Angry Act. The Role of Aggression for Creativity' (1967) I will discuss in subchapter 4.3.3 as a crucial source for Roth's novel *My Life as a Man*. This allows a new appreciation of the direct influence Mann had on this novel.<sup>21</sup> The frequent references made to Mann within psychoanalytic literature on art indicates how Roth conceives of Mann, while also shedding light on the crucial position of Mann as an artist figure who had integrated pathology into his artistic identity. On a larger scale these contributions show that literature was often treated as

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16 William Niederland, 'Clinical Aspects of Creativity', in: *American Imago*, 24 1/2 (1967), 6-34 (p. 6).

17 Phyllis Greenacre, 'The Family Romance of the Artist', *The Psychoanalytic Study of the Child*, 13 (1958), 9-43 (p. 11 and p. 32).

18 Niederland, p. 32; Dorothy Zinberg, 'Hans Castorp: Identity Crisis Without Resolution', *Imago*, 20/4 (1963), 393-402; Freda Rebelsky, 'Coming of Age in Davos', *Imago*, 18/4 (1961), 414-421 (p. 8).

19 Glover, p. xv.

20 Niederland, p. 12 and p. 23.

21 Hans Kleinschmidt, 'The Angry Act: The Role of Aggression for Creativity', *Imago*, 24 1/2 (1967), 98-128.



case material at the time.

#### 4.2 'Novotny's Pain' – investigating the power of the imagination

The short story 'Novotny's Pain' first appeared in *The New Yorker* in 1962 and an edited version was republished in *A Philip Roth Reader* in 1980.<sup>22</sup> I have chosen 'Novotny's Pain' for my analysis because it is one of Roth's earliest fictional explorations of illness and, while not fully formed, it presents vital aspects of Roth's illness mythology which connect him to Mann and shed light on his early appropriation of psychoanalysis and medicine. Roth conceived of himself very much as standing in a Mannian tradition of writers as his 1974 article 'Imagining Jews' confirms. Here he quotes from *Death in Venice* and takes the concept of writerly 'honor' as key to his idea of the successful writer self.<sup>23</sup> Furthermore, in *Letting Go* (1962) Roth quotes from Mann's autobiographical essay 'Lebensabriß' ['A Sketch of My Life'] (1930) which suggests that Roth was probably reading Mann at the time he was writing 'Novotny's Pain'.<sup>24</sup> This makes Mann a direct source of influence on the short story that has thus far remained unconsidered. As mentioned in my Introduction 'Novotny's Pain' has not received much attention within literary criticism. Daniel Medin convincingly argues that Roth negotiates the power of the imagination in the text.<sup>25</sup> Debra Shostak holds that Roth depicts pain 'without any certain meaning beyond its physical presence'.<sup>26</sup> In my view Shostak overlooks the fact that Roth has created a protagonist who sets out to explore this very meaning as the body turns into an interpretive challenge through pain. I will therefore show how Roth creates an ambiguous notion of pain, very much in Mann's tradition, imagining it as destructive and inspirational at the same time. David Gilotta uses the narrative as a template to look at 'physical comedy' in the later works. He classifies Novotny's tendency of 'assigning meaning to something as ubiquitous as back pain' as comical.<sup>27</sup> In my view next to the comical aspect there is also the aspect of an evolving aesthetic position which Roth configures through this character.

As in Hans Castorp's life, war looms in the background; in this case the Korean War. One day dutiful young soldier Novotny suffers from a mysterious back pain 'for which there was no cause' (p. 276). Here Roth, too, picks a disease of opaque origin that poses considerable difficulties for diagnosis and treatment. As a first step I will outline the medical discourse around 'lumbago' and 'slipped discs'. In the text psychological and physiological interpretations converge. Roth takes up the question of morality and illness and thereby references the discussion whether the patient can be held 'responsible' for his condition,

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22 Philip Roth, 'Novotny's Pain', *The New Yorker*, 27 October 1962, 46-56 (repr. in *A Philip Roth Reader*, ed. by Martin Green (New York: Farrar, Strauss, Giroux, 1989), 261-280. Further references to this book are given after quotations in the text.

23 Roth, 'Imagining Jews', p. 22. With *Portnoy's Complaint* Roth provided the Dionysian antithesis to these concepts but when writing 'Novotny's Pain' these were not yet part of his idea of the writer self.

24 Thomas Mann, 'Lebensabriß', in *Gesammelte Werke*, 2<sup>nd</sup> edn, III: Reden und Aufsätze, 98-144.

25 Daniel Medin, *Three Sons*.

26 Shostak, *Philip Roth – Countertexts, Counterlives*, p. 42.

27 Gilotta, p. 97.

something which Susan Sontag criticised in the 1980s as ‘punitive [...] fantasies’.<sup>28</sup> The diagnoses of the army doctors Novotny visits reflects this assumption which I will go on to discuss. In regards to the role of psychoanalytic doctrine, two dimensions are to be distinguished in the narrative which link it to *The Magic Mountain*. As in Hans Castorp’s case, the protagonist’s negative attitude to psychoanalysis often diverges from the narrative perspective that is decidedly informed by psychological explanations of disease. While Susan Sontag suggested that literature generally accepts the notion of illness as metaphor, Roth presents a hero who is as uneducated as Hans Castorp and begins to read up on his ailments in medical dictionaries. I discuss the parallels and differences from Hans Castorp’s scientific studies and the effect Novotny’s growing medical *Bildung* has, with particular emphasis on Roth’s use of sources and the ambiguous language of pain he creates. As in *Buddenbrooks*, the author does not grant medicine the competence to decipher disease. Instead the narrative delivers its own diagnosis.

The diagnosis of a ‘slipped disc’ or ‘lumbar disc herniation’, that convinces the protagonist, is juxtaposed with the more harmless diagnosis ‘lumbago’ the Army orthopedist gives. Today lumbago is acknowledged as an often occurring side-effect of a slipped disc but the army doctors dismiss this.<sup>29</sup> With lower back pain Roth takes up a condition which provoked controversy at the time, not only as an unresolved medical phenomenon, but also because it was affecting a considerable number of young men in the US army during the Korean War and therefore had large social implications. Colonel Ernest Brav discusses these issues in his 1954 article ‘An Analysis of Orthopedic Causes of Low Back and Sciatic Pain’.<sup>30</sup> The article reveals the difficulty of correctly diagnosing suspected herniated discs. Brav asserts that in ‘diagnosis [...] there is always the element of variability of interpretation’ stressing that the ‘localisation of origin is often a perplexing problem’. He indicates symptoms such as ‘limitation of spinal bending’ and ‘radiation’ of the pain to the extremities all of which Novotny suffers from. But he also emphasises that 21 per cent of those afflicted by these symptoms actually suffered from a ‘herniated intervertebral disc’.<sup>31</sup> Although the technological means of diagnosis had been refined through X-rays, myelograms, and electromyograms, thereby creating the perception of the body as ‘manageable machine’<sup>32</sup>, Brav finds the accuracy of the diagnostic tests ‘disappointing’.<sup>33</sup> The survey indicates no moral judgment and treats lumbar back herniations as a widespread phenomenon which can affect everyone. This seems to be confirmed in the narrative at first when the medic tells Novotny ‘Everybody’s back hurts’ (p. 267). However, instead of acceptance due to the common nature of lumbar back pain, it

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<sup>28</sup> Sontag, p. 3.

<sup>29</sup> *Encyclopedia of Family Health*, ed. by David Jacoby and Robert Youngson, 3rd edn (New York: Marshall Cavendish, 2005), p. 1094.

<sup>30</sup> Ernest A. Brav, ‘An Analysis of Orthopedic Causes of Low Back and Sciatic Pain’, *The American Journal of Surgery*, 87/2 (1954), 235-240.

<sup>31</sup> Brav, pp. 235-237.

<sup>32</sup> As cited in Albury, ‘Ideas of Life and Death’, p. 266.

<sup>33</sup> Brav, p. 238.

increasingly brings individualisation and stigma to the young soldier. He is meant to endure pain and go to war, as revealed in the doctor encounter. Psychosomatic concepts of disease played a role in this attitude. The psychoanalyst George Engel famously discovered the ‘biopsychosocial model’ and coined the term of the pain prone patient in 1959. In his article ‘“Psychogenic” Pain and the Pain-Prone Patient’ Engel demands a more differentiated understanding of pain and in his case study he delivers ‘a key’ to understanding the ‘adaptive role of pain in the psychic economy’.<sup>34</sup> Within military circles psychosomatic explanations of pain seem to have had the opposite effect producing segregation instead of ethical or ontological sympathy as Novotny’s case demonstrates.

Roth combines the physiological explanation of pain with the psychoanalytical producing an ambiguous, destabilised notion of illness. When Novotny first asks to see a doctor, he is confronted with an unexpected definition of disease: ‘He was informed that the doctor was only seeing men with temperatures of a hundred or more’ (p. 267). Physical illness is thus defined in very strict terms and patient status only granted to men who have either got war injuries or a fever. The narrative, however, suggests other explanations of disease. After his stay at home with his girl-friend Rose Anne who had ‘raised many questions’ about his fitness for service, Novotny ‘could not lift himself from the bed’ (p. 267). The narrative thus puts forward a psychosomatic explanation of the pain. Novotny is eventually admitted to hospital. When the reader learns that Novotny had ‘heard of doctors leaving towels and sponges inside patients’ the motif of the incompetent doctor is taken up as in *Buddenbrooks* (p. 268). The patient sees medicine as a curious business and doctors as untrustworthy professionals. Roth shares the contempt for the medical profession with the early Mann at this point, as well as an ambiguous narrative stance on psychoanalytic explanations of illness.

Even though Novotny is in pain, the X-ray does not show any abnormalities. The body is made paramount while depriving medicine of any practical authority over the body. Novotny does not dare to insist and is consequently sent back to duty. The pain increases, however, and Novotny fears that he has ‘cancer or leukemia’ or at least ‘a slipped disc’. When Novotny finally gets through to the doctor on sick call again, the doctor ‘said it [the pain] was deep inside his head’ suggesting a psychosomatic source (p. 270). The assumption of psychosomatic sources for back pains had become accepted knowledge by then, as Engel’s article and the abstract of the article ‘Life Situations, Emotions, and Backache’ published in the *Psychoanalytic Review* (1954) demonstrate. The authors hold that ‘an individual’s reaction to a threatening life situation engendering conflict, anxiety, and other strong emotions [is] often provocative of pain in the back’.<sup>35</sup> The army doctor orders Novotny to go back to duty ‘like a man’. Psychosomatic illness is therefore presented as an insult to ideals of masculinity and a

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34 George Engel, ‘“Psychogenic” Pain and the Pain-Prone Patient’, *The American Journal of Medicine*, 26/6 (1959), 899-908 (p. 902).

35 Thomas Holmes and others, ‘Life Situations, Emotions, and Backache’, *The Psychoanalytic Review. An Educational American Journal of Psychoanalysis*, 41 (1954), 273-274 (p. 273).

stigma which could 'disgrace him [Novotny] for the rest of his life' as a hypochondriac (p. 277).<sup>36</sup> But Novotny cannot return to a life bound to rationality and Apollonian restraint. His refusal to return to duty in the following results in another round of doctor encounters. He is sent to the orthopaedist, a Colonel and authoritative figure with 'a very erect carriage', who diagnoses him with simple 'lumbago'. When Novotny complains, the Colonel makes clear that illness and health are for 'a trained doctor to decide' sending him back to duty and threatening him with a summary court-martial (pp. 270-271). The narrative here displays a rupture as Novotny arrives at the conclusion that the doctor had made 'a mistake' (p. 271). Medically untrained Novotny now applies medical jargon stating that he has a 'lumbosacral strain, and muscle spasm' as well as a more serious ailment. He imitates medical language and fashions himself as a medical case. Relating this episode to Mann's Hans Castorp, the process of becoming a patient Roth similarly indicates that a process of education has set in, activating so far unused intellectual abilities. Eventually Novotny is examined by the psychiatrist, who in Novotny's view oversteps the marks of good conduct when he asks questions he 'did not really care to talk about' and feels 'some secret had been uncovered'. The reader does not learn what exactly the psychiatrist asks Novotny. Once the interview is over Novotny breaks down crying and admits to his 'fear of death' (pp. 275-276). Taking into consideration Engel's view the pain can be seen as a means of 'protecting the body from injury'.<sup>37</sup> In the aftermath of this scene Novotny is diagnosed as 'passive-aggressive' which the colonel, who delivers the diagnosis a few days later, translates as 'coward[ice]' (pp. 277-278). The psychologising view of illness thus takes on the form of a punitive act. In the *Text-Book of Orthopaedic Medicine* James Cyriax warns that 'short-cuts' in examination may lead to 'mistakenly regarding organic pain in an obviously neurotic patient as psychogenic'.<sup>38</sup> Roth's narrative leaves this question open.

It can be concluded that the pain Novotny feels is grounded in ambiguous terms and points to an unstable symptom-sign relationship. The pain can be read in a psychosomatic tradition as hysterical, but Roth also plays with the notion that it might be the body inscribing itself on the psyche, as Debra Shostak has pointed out.<sup>39</sup> It seems crucial that in the end the doctors deliver a diagnosis based on a moral interpretation of disease: 'cowardice'. As in *Buddenbrooks* the doctors act as executives of the cast of 'the medical potentates' and turn into dubious figures of power, who use medical knowledge for suspect purposes.<sup>40</sup> Their cold gaze has been widened through the psychological explanation of disease but this new perspective

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36 Morris Fishbein writes on 'Hypochondriasis' that it constitutes 'the most foolish and at the same time the saddest of all diseases' which has as a result 'the constant consultation with specialists'. Even though psychosomatic illness has become part of clinical knowledge it is used to stigmatise the individual rather than to take his or her pain seriously. Morris Fishbein, *The Popular Medical Encyclopedia. The Standard Guide on Health and Disease* (New York: Doubleday, 1946), pp. 308-309.

37 Engel, p. 900.

38 James Cyriax, *Text-Book of Orthopaedic Medicine*, 4th edn, 2 vols (London: Cassell, 1962), I: *Diagnosis of Soft Tissue Lesions*, p. 460.

39 Shostak, *Philip Roth – Countertext, Counterlives*, p. 42.

40 Mann uses this expression in a letter to his brother Heinrich Mann, 17 December 1900, in *Briefe I*, p. 17.

does not have a humanising effect – quite the contrary. Illness can now be used more easily for moral condemnation. This brings up the issue of heredity and vicarious living again as first discussed in *Buddenbrooks*. The question arises whether behind the son's immoral way of behaviour might not lie the father figure whom Novotny describes as 'lazy and incompetent', a motif that will be taken up in *Nemesis* again (p. 275). Roth thus casts illness as 'intergenerational' experience happening within 'the family body'.<sup>41</sup> The moral flaw of the father, as in the case of Johann the elder, produces physical weakness in the next generation. However, Roth also asserts an emancipatory notion in this early narrative: his simple hero Novotny turns into a student of medicine and psychology when he reads two medical books, a scene which I shall now explore in more depth.

#### 4.2.1 Novotny and his medical readings

'Everybody in the ward somehow knew bits of Novotny's history' but 'nobody knew the whole story'; even Novotny himself (p. 272). His story has become fragmented and singular. It has attained case history qualities as it cannot be integrated into the diagnostic system. And the body has turned into an interpretive challenge where the boundaries between fact and fiction, illness and the imagination, the individual and the collective seem blurred and the stable symptom sign relationship is challenged. As a result, after a few weeks in hospital, Novotny turns to reading about his condition in 'a medical dictionary' in order to integrate his anomalous condition into the system and complete his own case history. As shown in the case of Mann's novels, clinical narrative now becomes the direct reference point of Roth's fiction. Next to fear, illness has aroused in Novotny an epistemological urge to learn and gain power over the interpretation of the self.

Novotny 'sat down on the floor between the stacks, where nobody could see him' (p. 274). Reading the encyclopedia is cast as a secretive activity as it is improper to challenge the doctors' authority. In a first instance Roth now links his narrative closely to the Mannian tradition of writing illness. Roth explores the notion of science as prohibited to anyone outside the inner circle of doctors thus raising the issue of authority. Furthermore, the secret act of reading an encyclopedia ties in with a scene in Freud's case history of Dora.<sup>42</sup> In his account of the case Freud held that Dora had developed symptoms from reading as she had read about appendicitis and taboo themes such as birth and pregnancy.<sup>43</sup> The transgression of taboos is thus closely associated with medical knowledge and the prohibition against scientific knowledge for the common man, as imagined in *Death in Venice* is also evident here. Novotny, like the inhabitants of Venice and especially the tourists, is meant to obey authority and accept official standards of health and disease and not indulge in what Nietzsche called the 'Wissensmeere'

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41 This notion he will take further in *Patrimony*, *Everyman*, and *Nemesis*. Souter, 'Narrating the Body: Disease as Interpersonal Event', p. 41.

42 Sigmund Freud, 'Bruchstücke einer Hysterie-Analyse', V, p. 263.

43 Ibid., V, p. 266.

[the ocean of knowledge].<sup>44</sup> There are also distinct parallels to Hans Castorp though who begins to engage in self-diagnosis once he uses the thermometer to take his temperature in secret. As in Castorp's case, whose blood rushes to the heart and pounds against his ribs, as though his whole body and brain were intoxicated by TB (p. 255; Woods, p. 216), Novotny feels that 'His heart beat wildly' as he reads about the difficulties of diagnosis (p. 272). Roth takes recourse to the TB discourse where boundaries between the mind and the body had been challenged over the difficulty of defining TB. Novotny craves for more information and greedily reads 'on and on, over and over'. His research is rather successful as he finds 'many of his own symptoms' in the book (p. 272). Here the hero displays similar reactions to Hans Castorp which are not only of a physical but also of an intellectual nature, as he endeavours to learn more about himself and the human *Gestalt*. The reader learns that the following morning Novotny awakes 'with a tingling sensation that ran down the back of his right leg' (p. 272). Now Roth presents Novotny as enacting a Freudian hysterical conversion and the narrator suggests in an ironic tone that, like Freud's Dora, Novotny 'hatte sich also eine Krankheit angeschafft, über die [er] im Lexikon nachgelesen' [had given herself an illness which she had read up about in the encyclopedia] and his mind, like Dora's, had inscribed 'terrible sentences upon the body'. The question is whether the last part of the sentence which says that Dora 'hatte sich für diese Lektüre bestraft' [had punished herself for dipping into its pages] also rings true for Novotny.<sup>45</sup> Punishment takes on a more realistic form for Novotny who actually faces the threat of being court-martialled for 'cowardice'. By turning the body into an interpretive challenge it becomes an arena for Roth to negotiate the question of whether the imagination is a dangerous, 'life-altering' force that challenges authority and physical reality.<sup>46</sup> Roth ties postmodern challenges to the author identity to bodily disorder, a topic which will play a greater role in *My Life as a Man*.

Like Hans Castorp Novotny is 'elated' when he feels the new symptom and for a moment the pain is of a secondary nature to him. The depiction of bodily disorder here relates to the invaded cell that Mann described in *The Magic Mountain* as 'berauscht' [intoxicated] (pp. 396-397; Woods, p. 339). The 'Verhältnisse' [especial circumstances] are thus conceived in Dionysian terms.<sup>47</sup> The big difference between the two lies in the fact that Novotny's ailment, invisible as it is, does not make him an accepted member of his environment - the US Army is not the *Berghof* after all. On the narrative level the 'tingling sensation' is contrasted with 'the stumps, incisions, casts, prosthetic devices' of the fellow patients who reside in the 'Kingdom of the sick' in the army hospital (p. 272). Novotny is uncovered as the dilettante soldier. The Army collective stands in stark contrast to the individual who refuses to return to duty. Roth here reveals illness as an 'interpersonal event'.<sup>48</sup> Novotny has become singular and unfit for army

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44 Friedrich Nietzsche, *Die Geburt der Tragödie*, III/I, p. 11; Haussmann, p. 137.

45 Sigmund Freud, 'Bruchstücke einer Hysterie-Analyse', V, p. 265; Strachey, VII, p. 102.

46 Medin, *Three Sons*, p. 68.

47 Hertwig, p. 505.

48 Souter, p. 41.

life and, as Talcott Parsons observed, the sick person's 'integration in solidary relationships with others' is now impaired.<sup>49</sup> Sander Gilman has convincingly argued in the case of Franz Kafka's fiction that the body becomes a 'showplace of a trial' where 'the betrayal of the body reveals it to be the antithesis of the soldier's body'.<sup>50</sup> Indeed, one could say that Polish, Catholic Novotny's body turns, too, into the Jew's body, characterised by syphilitic limping and put on trial by society.<sup>51</sup> Roth alludes here to the 'recurring pattern in the Hebrew Scriptures of the Jews being subjected to a trial of their faith'.<sup>52</sup> Furthermore, the disordered body becomes subject to Dionysian forces that threaten Novotny's fragile balance. The narrative seems to suggest that Novotny could have made a choice to become a decent member of society had he ignored the pain, suppressed his imagination and the 'life-altering puissance of fantasy'.<sup>53</sup> A struggle over identity and the balance of the Apollonian and the Dionysian is thus negotiated in the text. Roth here already hints at what is to become a core assumption about being a successful artist in *My Life as a Man*. It requires 'pushing one's way into [...] life' by means of 'letting go' of defence mechanisms against one's emotions and aggressions, and thus allowing the *sentimentalisch* aspects of one's identity to thrive.<sup>54</sup> Furthermore, if seen in the light of Roth's reading of 'A Sketch of my Life' the theme of the unasserted writer self becomes particularly relevant. In his autobiographical text fifty-five-year-old Mann speaks of the 'Verwirklichung' [realisation] of his artistic identity and presents his biography as coherent and unified.<sup>55</sup> The text represents the established writer's attempt to assert certainty where doubt once stood. Through Novotny Roth negotiates the power of the imagination and closely ties it to the body. Insecure as Novotny is, he resembles Thomas Buddenbrook in his fear of the power of the imagination rather than the curious character of Hans Castorp. In particular the notion of immorality attached to illness in Novotny's case references *Buddenbrooks* and will be discussed further in the following chapter on psychoanalysis.

As a next step I am going to explore Roth's use of source material in the story. The moralising reactions of the doctors and the fellow patients make Novotny wonder what origin his pain might have. The physiological explanation of disease has ceased to be the solely convincing frame and he enters the hospital library a second time in search of 'a book on psychology' (p. 274). Debra Shostak seems to have overlooked this scene when she assumes that in the story pain is 'without any certain meaning beyond its physical presence'.<sup>56</sup> In my view this scene provides concrete evidence of the power of the imagination over the body while clear categories of the interpretation of his pain dissolve for Novotny. He is able to get hold of

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49 Parsons, *Action Theory and the Human Condition*, p. 20.

50 Sander Gilman gives an insightful account of the Dreyfus Affair where the soldier's body turns into the tortured Jew's body. Gilman, *The Jewish Patient*, p. 68.

51 Gilman, *The Jewish Patient*, p. 112.

52 Brauner, *Philip Roth*, p. 22.

53 Medin, *Three Sons*, p. 68.

54 Jerre Mangione, 'Philip Roth', in *Conversations with Philip Roth*, ed. by Searles, 3-13 (p. 8).

55 Thomas Mann, 'Lebensabriß', III, p. 121.

56 Shostak, *Philip Roth – Countertexts, Counterlives*, p. 42.

two books which he finds frustrating to read. Unlike Hans he has not been educated before by Naphta or Settembrini, and thus Novotny fails to understand ‘much of what he read’ (p. 274). The only part he can grasp is the ‘anecdote’ ‘of a woman in a European country who had imagined she was pregnant. She had swelled up, and then, after nine months, she had had labor pains – but no baby’ (p. 274). Novotny’s language has a paradoxical effect here. With *pseudocyesis* Roth takes up a condition which was still considered a ‘medical curiosit[y]’ as the 1951 *AMA* article ‘Pseudocyesis: A Psychosomatic Study in Gynecology’, for example, suggests.<sup>57</sup> The narrative thus refers to the curious medical narrative tradition. Simultaneously, Novotny’s plain language strips the spectacle of its dramatic force when he adds dryly ‘but no baby’ as the outcome. He initially struggles to believe the scene to be true, but eventually, ‘respectful of facts’, he is convinced (p. 274). The ambiguity of the language of pain comes to the fore in this scene and destabilises interpretation as Novotny tells a case narrative resembling Bhabha’s third space where meaning is no longer fixed. The example Roth has chosen in order to show how the protagonist comes to understand psychosomatic illness raises several questions as to its origin. There is clear reference to the European psychoanalytic school as it is ‘a European country’ where the scene occurred. This suggests two possible psychoanalytic and one literary source for this anecdote. As shown, Novotny’s earlier secretive reading of medical encyclopedias about ‘verbotene Materien’ [improper issues] not only links him to Hans Castorp who goes to see Krokowski, but there are also similarities to Freud’s case histories of Dora and of Anna O. The nature of the labour pains form an interesting congruence with Dora’s case. Dora had read about appendicitis whilst her aunt suffered from it and after the aunt’s death showed the typical signs which Freud interpreted as ‘Phantasie einer Entbindung’ [phantasy of childbirth].<sup>58</sup> In the case history Freud is concerned with ‘reading’ Dora and delivering literary interpretations of the ‘puns’ in her dreams.<sup>59</sup> The quiet tone in which the author reproduces what Novotny has just read contrasts with ‘his back [...] engulfed in flames’ when he returns to the ward. The narrative suggests a psychoanalytic perception of pain as the outcome of the imagination. In the narrative a curious spectacle is created and the birth metaphor returns when Novotny fantasises about ‘reaching inside himself and cutting out of his body the circle of pain’. Alternatively, this fantasy could be read as a vision of becoming one’s own doctor or respectively the writer who is able to decode the puns of his characters himself, an idea deeply imbedded in Hans Castorp’s quest which also returns with more force in *My Life as a Man* and *The Anatomy Lesson*. At this point it suggests that questions of authority play a central role for Roth. First, Novotny is diagnosed as a psychosomatic case, then he reads about a woman whose pains are diagnosed as having hysterical sources and eventually he gives in to a fantasy of emancipatory quality and regained authority. Psychoanalysis is thus presented in an ambiguous

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57 P. H. Fried and others, ‘Pseudocyesis: A Psychosomatic Study in Gynecology’, *The Journal of the American Medical Association*. 145/17 (1951), 1329-1335.

58 Sigmund Freud, ‘Bruchstücke eine Hysterie-Analyse’, V, p. 265, Strachey, VII, p. 103.

59 Kennedy, *A Curious Literature*, p. 226.



light. It affords emancipation but also triggers a struggle over who has the right of interpretation. In the end, the narrator suggests that regression sets in when Novotny keeps wondering whether he was ‘being punished for all that sex?’ Novotny is shown to be clear-sighted and free from repression here (pp. 274-275). If perceived as a psychosomatic this would make his symptoms easy to remove. Psychoanalysis thus bears the possibility for emancipation and the key to a quick cure but it also triggers a struggle of who has the right of interpretation and represents the danger of the imagination.

The second case narrative Roth refers to is the account of ‘Anna O’s’ pregnancy which Ernest Jones mentions in his biography *The Life and Work of Sigmund Freud*. Originally a patient of Joseph Breuer’s, a father figure and mentor to Freud at the time, ‘Anna O.’ later became Freud’s patient. Freud allegedly told Jones about the ‘hysterical childbirth’, *pseudocyesis*, of ‘Anna O.’ at the end of her analysis with Breuer, which he attributed to strong counter-transference.<sup>60</sup> The notion of transference and countertransference was to become one of the central pillars of Freud’s psychoanalytic method and is mentioned here for the first time. Roth has thus chosen a source that represents a cornerstone of psychoanalytic theory. The recourse to hysteria and Anna O. suggests that Roth refers to a growing acceptance of hysteria as ‘a perfectly respectable disease of the nervous system’ as a result of Charcot’s work and its consequent impact on Freud and Breuer.<sup>61</sup> The fact, however, that Jones claimed that Anna’s pregnancy had gone unnoticed stands in contrast to Novotny’s account of the European woman who had actually ‘swell[ed] up’ (p. 274). After all, the author applies notions of wonder and creates a spectacle despite the plain speech, where the curious moments of the Freudian sources are enhanced and, as in *The Magic Mountain*, it attains the status of a dubious science, prone to wonder and spectacle.

Hans Castorp’s experience of Ellen Brand’s pseudocyesis in *The Magic Mountain* appears to be a third source. At the end of his stay at the *Berghof* Hans witnesses how his fellow patient, young Helen, hypnotised by Dr. Krokowski, attempts the ‘Akt der Geburt’ [the act of birth] for more than two hours which he finds ‘skandalös’ [Scandalous] (p. 940; Woods, p. 807). In this scene, Mann lets psychoanalysis tip over into the occult. Hans abruptly ends the session and turns his back on dubious Dr. Krokowski and his science. Hence, with *pseudocyesis* Roth alludes to a mysterious condition addressing yet undefined boundaries between the mind and the body. In the 1960s no ‘modus operandi’ for the disease existed.<sup>62</sup> The medical, combined with the psychological explanation, expresses fractures in knowledge. Like Mann with the figure of Dr. Krokowski, Roth uses the knowledge gap to create his own version of a curious Freudian scenario. In Novotny’s case the question arises whether the author implies that the knowledge gained also triggers curiosity in him to learn whether he is right that ‘anything [is] possible’ (p. 275). Novotny’s voice tells us ‘Because it had all been in her imagination’ and then again ‘Her

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<sup>60</sup> Jones, p. 203.

<sup>61</sup> Ibid., p. 204.

<sup>62</sup> Fried, pp. 1329-1330.

*imagination had made her swell up*' (p. 274). He marvels at what is possible through sheer imaginative force and thinks the thoughts of a *sentimentalisch* mind.

In the aftermath, however, he feels that he is 'about to begin to lose things' once he learns more about 'the confusion growing up inside him' (pp. 276-277). Hence instead of curiosity, this is a story of fear aroused by knowledge, therefore referencing Gustav von Aschenbach who shuns knowledge and supports the prohibition of science in Venice in order to give in to the Dionysian pleasures of late love. In Novotny's case it is an early love and it is clear that to Novotny the pain is a means of returning to his girlfriend. Over the course of the narrative the pain 'for which there was no cause' is transformed into a threat to Novotny's identity as the dutiful 'good son' and, in a Mannian way, Novotny engages in a process of education in order to make sense of his new identity as a patient. The psychosomatic dimension of illness leaves him unnerved however, as he can no longer distinguish between the imagination and the 'truth'. In the ensuing consultation with the psychiatrist he tells him merely 'what he *thought* was the truth' (pp. 275-276). Illness thus triggers wider philosophical questions of identity, self-knowledge, and truth. In the case of Novotny, however, Roth has picked a simple hero striving for stability and security instead of intellectual adventures.

#### **4.2.2 Conclusion: regression of the artist as a young man**

With Novotny's story Roth establishes a concrete link between the imagination and bodily illness. Medical knowledge and medical discourse hold an ambiguous role in this narrative as it defines the disordered body *and* simultaneously constitutes a source for the imagination. This ambiguity is also reflected in the language of pain which oscillates between the curious and the clinical. Novotny eventually concludes 'Whatever anybody chose to call him didn't really mean a thing' (p. 280). The protagonist assumes a nihilist outlook. Similarly, at the centre of Hans Castorp's reading of scientific books stands the insight that 'dem Leben schien es verwehrt, sich selbst zu begreifen' [it seemed that life was prohibited from understanding itself] (p. 391; Woods, p. 334). Where Hans follows the Goethean ideal and studies botany after reading about illness though, Novotny regresses into a life of domesticity returning to his mother and girlfriend. Roth has thus created an anti-Castorp who becomes more anxious and troubled the more he reads. He is eventually confined 'under the threat of infirmity', just as Thomas Buddenbrook had been (p. 280). He has not succeeded in the *sentimentalisch* aim 'sich durch eigene Macht aus seinem begrenzten Zustand in einen Zustand der Freiheit [das Ideal] zu versetzen' [by his own might transporting himself from a limited condition to a condition of freedom] seems impossible here<sup>63</sup>. As in the case of Roth's later protagonist, Bucky Cantor, even though he has not lost a limb, he is excluded from 'all the able-bodied men his age'.<sup>64</sup>

The analysis of the source material has revealed striking parallels to Mann's use of

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63 Friedrich Schiller, 'Über naive und sentimentalische Dichtung', XX, pp. 33-34; Dahlstrom, p. 235.

64 Roth, *Nemesis*, p. 26.

medical sources. Like him Roth focuses on gaps in medical knowledge which he then fills with his own illness mythology. Furthermore, he explores the ambiguity of the language of pain through psychoanalysis which also functions as a narrative undercurrent. Following Mann's credo, with 'Novotny's Pain' Roth places the question of the body in disorder as an interpretive challenge and source for the imagination. As in the cases of Gustav von Aschenbach and Hans Castorp the questions of the balance between the Dionysian and the Apollonian becomes connected to the disordered body. He lets his protagonist engage a variety of possibilities to explore the meaning of pain and 'achieve a description' of the self as part of the greater 'family body'.<sup>65</sup> This early simple-minded character, however, only gains a sense of resignation from this experience and is treated with irony. Roth investigates questions of epistemology and the right of interpretation, but answers them hesitantly, without much narrative strength. The body in disorder generates a discourse with which the protagonist is not ready to engage in. Roth is reluctant to address 'Intimitäten [und] Geheimnisse' [intimacies and secrets] as Freud demanded for case history writing.<sup>66</sup> Only when writing *Portnoy's Complaint* (1969) will Roth dare to make 'a spectacle of himself' and take seriously the notion of 'letting go'.<sup>67</sup> At this point it does indeed seem dangerous to follow one's imagination and become, in Mann's terms, 'wirklich' [real].<sup>68</sup>

#### 4.3 My Life as a Mann: on the way towards self-description

With *My Life as a Man* Roth created a narrative with three interlinked dimensions told in a 'quasi-autobiographical mode'.<sup>69</sup> There is Nathan Zuckerman who is a character created by the writer Peter Tarnopol in 'Useful Fictions', the first narrative. Peter Tarnopol tells his own story in 'My True Story', the second narrative. And there are fragments of the case history 'The Angry Act' by Hans J. Kleinschmidt's reflected in Dr. Spielvogel's, who is the psychoanalyst author of the fictional case history 'The Puzzled Penis' in the novel.<sup>70</sup> Whereas in *Portnoy's Complaint* Dr. Spielvogel was only allowed the punchline 'Now vee may perhaps to begin', he is now the writer of the case of the 'Southern playwright' case narrative, aka Peter Tarnopol and Philip Roth. The psychoanalytic interpretation turns into a central source of creativity here. As mentioned in the Introduction, in regards to the presentation of the self the novel has mostly been interpreted along the lines of personal disintegration and chaos. Martin Amis described it as one of Roth's 'obsessively personal accounts of emotional failure and collapse' in *The*

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65 Martha Saxton, 'Philip Roth Talks About His Own Work', in *Conversations with Philip Roth*, ed. by Searles, 77-81 (p. 80).

66 Sigmund Freud, 'Bruchstücke einer Hysterie-Analyse', V, p. 164.

67 Roth, 'Imagining Jews', p. 23.

68 Thomas Mann, 'Lebensabriß', III, p. 121.

69 Philip Roth, *My Life as a Man* (London: Vintage, 2005). Further references to this book are given after quotations in the text.

70 Morris Dickstein, 'My Life as a Man', *The New York Times*, 2 June 1974

<<http://www.nytimes.com/1974/06/02/books/roth1974-man.html?pagewanted=1>> [accessed 4 September 2012].

*Observer* in 1980.<sup>71</sup> Margaret Smith asserted that ‘the definition of self that Tarnopol seeks from literature becomes more obscure and evasive in the process’.<sup>72</sup> While I agree with the notion that the novel presents a struggle over meaning and a ‘process of perpetual revisioning’, as David Brauner points out, I conceive of it outside the limiting paradigm of collapse and dissolution positioning it as a work of emancipatory quality instead.<sup>73</sup> David Gooblar notes that Roth suggests a similarity between the Freudian mind-set and the literary mind-set in the novel, arguing that the Freudian framework for self-interpretation is held up as a ‘boon to the writer’s creativity’.<sup>74</sup> I find his argument plausible in that psychoanalysis is the most important source of self-interpretation in the novel. One can go even further, arguing that the psychoanalyst Spielvogel alerts the reader to otherwise obscure plot dimensions that Tarnopol is unable to see, for example in the narrator’s ex-wife Maureen whose aggression Tarnopol needs to reconsider as linked to his own anger, as will be explained later. Psychoanalysis thus opens up ways to a creativity which Tarnopol as mediocre writer is missing and points towards the fact that Tarnopol needs to widen his perspective in order to become a master-writer. Pathology thus once more becomes a cipher for an evolving aesthetic position. Gooblar concludes that ‘Roth leaves unresolved whether fiction, nonfiction, or psychoanalysis are adequate means on their own to fully exorcise his demons’.<sup>75</sup> As mentioned in the Introduction I am going to add a fourth narrative mode: the modern clinical description of pathology and the significance of illness for art in the Western tradition as a mode of self-interpretation.

The central role of influence in this novel is revealed in the self-reflexive and multi-layered structure of the book. The novel’s richness in quotations and epigrams demonstrates Roth’s interest in asserting his own voice within the long and sometimes daunting tradition of Western literature. Hermione Lee contends that Roth ‘batten[s]’ and ‘consume[s]’ literary influence and ‘finally break[s] free of it to find [his] own voice and style’.<sup>76</sup> I argue instead that Roth’s appreciation of Mann is more ambiguous, with different effect. In order to determine Mann’s legacy in the novel, I want to briefly turn to ‘My True Story’ in which Roth directly engages with the question of influence.

At the core of the negotiation of influence lies the book that brought fame to the young writer Peter Tarnopol called *A Jewish Father*. It stands for the literary tradition of the ‘Art of the earnest and moral variety’ (p. 174). Through this book, modelled largely on Peter’s own experience as a GI in Germany, Peter became ‘the golden boy of American literature’ (p. 194). With *A Jewish Father* Roth establishes the antidote to Zuckerman’s later fictional bestseller, *Carnovsky* in *The Anatomy Lesson*, a book of notoriety which strips bare heritage and morality. The two fictional bestsellers represent different approaches to art: Apollonian high-mindedness

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<sup>71</sup> Amis, p. 42.

<sup>72</sup> Smith, p. 79.

<sup>73</sup> Brauner, *Philip Roth*, p. 63.

<sup>74</sup> Gooblar, p. 99.

<sup>75</sup> Ibid., p. 96.

<sup>76</sup> Lee, *Philip Roth*, p. 67.

as opposed to Dionysian excess. These two poles feature prominently in *My Life as a Man*. Dutiful Peter meets his ‘monstrously unmanly wife’ Maureen when he is in the process of writing his earnest debut *A Jewish Father*. To him she represents the ‘exotic and romantic’ with her ‘daredevil background’ that challenges his way of life which he had previously tried to lead according to Flaubert’s standards (p. 177). The process of writing is cast as happening in the framework of Dionysian and Apollonian reality. Interestingly Tarnopol deems that his ‘morality’ stems from his interest in literature and is responsible for his decision to marry Maureen who pretends to be pregnant. He quotes Mann in the ‘portentous epigraph’ of *A Jewish Father* (p. 193):

All actuality is deadly earnest, and it is morality itself that, one with life, forbids us to be true to the guileless unrealism of our youth.

[Alle Wirklichkeit hat todernsten Charakter, und es ist das Sittliche selbst, das, eines mit dem Leben, es uns verwehrt, unserer wirklichkeitsreinen Jugend die Treue zu halten.]<sup>77</sup>

After *Letting Go* the quote from Mann’s essay ‘A Sketch of my Life’ thus appears again in the oeuvre. Roth now sets out to deliver his own interpretation of the role of the Dionysian and the Apollonian in a writer’s life. He sees the moralistic character trait in Tarnopol as responsible for his decision to marry Dionysian Maureen. The writer is thus represented as torn between the two forces. Simultaneously ‘moralistic’ upright Peter needs to find a different way of writing in order to balance his life. With this reference Roth casts the two poles of the novel – the Apollonian and the Dionysian – in a Mannian light; Peter Tarnopol confronts a Mannian dilemma. Furthermore, the quote from ‘A Sketch of my Life’ takes up the question of the artist’s identity again, as shown in the case of ‘Novotny’s Pain’. Now ‘Verwirklichung’ has been achieved but ‘the misguided and morbid ‘moral’ imagination’ of *A Jewish Father* is challenged in ‘Useful Fictions’. I concur with Mark Shechner who sees the Mann quote as Roth’s response to the ‘cultural superegos’ surrounding the writer who feels ‘ruined by the tight-lipped austerities of the great Protestant tradition’.<sup>78</sup> However, if one takes into account the whole text body of Mann’s ‘A Sketch of my Life’ and the specific context of the quote (sister Carla’s suicide), the quote attains yet another meaning. In the passage Mann employs it to speak of the betrayal to their shared past he felt Carla had committed with her suicide. In the following he soothes himself with the realisation that in his function as a father and an author he had become ‘more real’ by then. Mann thus deems it morally right to become independent and lead a life of his own standards. According to him, the reality of a grown man’s life oscillates between death, life, and morality. If one reads the Roth passage as treating this synthesis and the

77 Thomas Mann, ‘Lebensabriß’, III, p. 121.

78 Shechner, *Up Society’s Ass, Copper*, p. 53. Roth himself pointed this out in his article ‘Imagining Jews’.

‘Verwirklichung’ of Mann’s identity, Shechner’s interpretation of tradition as ‘ruining’ Tarnopol becomes questionable.<sup>79</sup> I would instead argue that Roth establishes a two-sided appreciation of Mann through the figure of Tarnopol. There is the desire to escape nineteenth-century Western European traditions of thought, as represented by Mann, and start something new. But ironically, the Mann text also advocates emancipation for the writer and declares as its core argument: emancipation and becoming real as ways of inserting oneself into a literary tradition. Mann thus presents a source for Roth which he subverts but simultaneously falls back upon throughout his work. I will explore this notion in more detail through the figure of Zuckerman, who presents the ideal of the emerging artist, in the light of bodily defect. I will firstly consider the clinical discourse on migraine which Nathan Zuckerman suffers from. Then I will show how Roth explores migraine and art before I link the novel’s content to the question of illness and literary tradition. I will turn to the psychoanalytic source material by Kleinschmidt and Spielvogel in section 3.1 and show how Roth adapts the sources and plays with the psychoanalytic description of the self.

#### 4.3.1 Medical discourse on migraine in the 1960s

At the time that Roth was writing *My Life as a Man* the discourse on ‘this most peculiar condition’ (migraine) was discussed widely in medical circles.<sup>80</sup> Since Charcot, migraines had also frequently been examined by psychoanalysts.<sup>81</sup> In the 1960s the psychosomatic angle, as Harold Maxwell’s handbook for physicians *Migraine: Background and Treatment* (1966) suggests, had become integrated into medical discussions of the condition.<sup>82</sup> In addition to psychoanalytic approaches, neurological studies were undertaken in order to find out more about the specific forms of migraine and their sources. The neurologist Edwin Bickerstaff conducted a case study in 1961 with 300 participants in order to determine whether in some people the attacks were linked to the basilar artery instead of the internal carotid. Bickerstaff admits that the diagnosis of migraine ‘is impossible to prove’. Again it transpires that Roth has picked an opaque disease unexplained by the clinic. In Bickerstaff’s examination special effort was made ‘to clarify [...] vague terms’ such as ‘unsteadiness’ and ‘blackouts’.<sup>83</sup> The clinical findings are thus considered dependent on the patient narrative and recall the problems attached to the correct identification of the pain in Novotny’s case. Even though Zuckerman is much more eloquent than his predecessor, Novotny, the medical discourse on migraine raises once more the question whether it is possible at all to achieve a description of the self.

Illness and the imaginative act are linked in the case of the young Nathan Zuckerman, a writer who loves his life of quiet regularity between his desk and the university seminar rooms.

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79 Thomas Mann, ‘Lebensabriß’, III, p. 121.

80 As which a reader of *The Lancet* described migraine in a letter to the editor, Michael Sweetnam. ‘The Real Problem of Migraine’, *The Lancet*, 280 (1962), p. 53.

81 Porter, *The Greatest Benefit to Mankind*, p. 514.

82 Harold Maxwell, *Migraine: Background and Treatment* (Bristol: John Wright, 1966).

83 Edwin Bickerstaff, ‘Basilar Artery Migraine’, *The Lancet*, 277 (1961), 15-17 (p. 16).

In his Apollonian discipline he bears distinct resemblances both to Gustav von Aschenbach before his trip to Venice and to Gustave Flaubert. There is only one thing disturbing his orderly life: since his army service he has been suffering from regular migraine attacks. Roth explores whether bodily disorder produces creativity when he lets Nathan Zuckerman wonder whether his migraines have induced his turn from academic writing to fiction and altered ‘the course of [his] writing’ (p. 55). Now the question of the artist-identity of the novelist openly becomes tied to bodily disorder.

Zuckerman dates the onset of the migraine attacks to his time in the Army. Proud of the fact that with entry into Army life, he has been able ‘to bury the frail child’, the migraine attacks ‘knoc[k]’ the young man with overwhelming force (p. 51). Zuckerman feels he cannot trust his body any more. He is unable to determine whether he is imagining the “floating” or “ghostly” sensation before the headaches (p. 52). The two words are put in inverted commas in order to indicate the author’s reluctance towards any description of the pain outside the clinical paradigm. Simultaneously, the protagonist suggests the imagination may actually produce the physical symptom and thus bodily disorder becomes charged with meaning, as in Novotny’s case. Zuckerman experiences the aura as a product of the imagination, but at the same time Roth has placed ‘the frail child’ as source of Zuckerman’s identity indicating that the artist-self is tied to the physical and vice versa. The imagination produces symptoms and is itself a symptom of bodily defect. Roth thus mythologises the clinical perception of the ailment, having at first expressed his ambivalence towards a discourse that casts illness as symbolic resource.

As in Novotny’s case, the ailment is invisible and has an individualising as well as an isolating effect which Zuckerman experiences as ‘punishment’ (p. 52). The protagonist feels shunned and depressed due to the nature of his suffering. The notion of punishment ties in with George Engel’s argument that pain often serves as ‘a relatively satisfactory means of atonement’, it remains unclear, however, why Zuckerman needs to atone.<sup>84</sup> It seems as though the author is indeed turning towards the appreciation of contemporary psychoanalytic theory on art when Zuckerman psychoanalytically interprets his headaches, assuming that they would die down once he was discharged and his ‘own man again’ (p. 53). But nothing of the sort happens. The fact that the pain even increases after the discharge serves Zuckerman as reassurance of his ‘probity’, and he rules out psychosomatic explanations for now (p. 54). The discourse on the ailment changes. The ‘ghostly sensation’ now turns into the ‘aura of a headache’ in reference to medical terminology which refers to this phenomenon (p. 52).<sup>85</sup> At this point Roth thus suggests a clinical realist description of the illness.

However, in the ‘ghostly sensation’, as in the case of Gustav von Aschenbach’s dream, medical findings and cultural conceptions of creativity converge. Contemporary to Roth’s writing the ‘impairment of consciousness through migraine’ was being discussed within medical

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<sup>84</sup> Engel, p. 916.

<sup>85</sup> Edwin Bickerstaff, ‘Impairment of Consciousness in Migraine’, *The Lancet*, 278 (1961), 1057-1059 (p. 1058); Bickerstaff, ‘Basilar Artery Migraine’, p. 15.

circles. Edwin Bickerstaff observes that a 'dream-like state' often preceded it.<sup>86</sup> Here clinical discourse on migraine links to Schopenhauer's 'Versuch über Geistersehn und was damit zusammenhängt', which suggests that a dream organ exists which is responsible for brain activity in sleep.<sup>87</sup> Hence Roth turns towards the question of where the seat of illness lies and how closely illness and the imagination are tied together, as does Mann in *Death in Venice*. In *The Anatomy Lesson*, the ghostly experience will manifest itself in the mother's ghost. In *My Life as a Man* Roth emphasises the notion of a heightened sensitivity and an ambivalent relationship towards the outer world in the migraine episodes - to Zuckerman even 'a beam of sunlight' becomes 'intolerable' (p. 51). This concurs with the discourse on creativity within psychoanalysis at the time. Phyllis Greenacre, an Ernst Kris disciple, refers in her controversial paper 'The Family Romance' to 'the obligatory identification of the artist with God and Nature [...] through the force of the own body feelings which respond to and cause a kind of amalgamation of body imagery with outer forms in the world'.<sup>88</sup> In a similar manner Thomas Mann described Goethe and Tolstoy in his 1921 essay as the 'Gods of nature' who possess a sensuous gift which allows them to connect with nature and exploit their physical suffering. On the one hand Mann refers to Nietzsche here and the perception of man as 'das kranke Tier' [the sick animal], on the other hand he singles out the artist, who is supposed to emancipate himself from nature.<sup>89</sup> If the artist is able to use this sensuous gift properly by means of the willpower, illness can thus become the source for artistic genius and inspiration.

In a next step Roth sets out to investigate the implications of bodily defect for art thereby allowing Zuckerman to contemplate the meaning of his suffering. In the best writerly traditions of Thomas Mann, Virginia Woolf, and Anton Chekhov Zuckerman wonders, once he has returned to academic life, if his 'migraines are standing for something'. He asks himself whether during the course of the attacks his mind-set might have shifted towards creativity and whether 'illness was not a necessary catalyst to activate the imagination' reproducing very much Mannian assumptions about art (pp. 55-56). But Nathan Zuckerman, the postmodern author, knows that this is not an 'original hypothesis' thereby addressing the issue of influence, particularly that of Mann and his mythology of illness. He is not even sure whether his body 'is imitating the agony' of these real artists (p. 57). Zuckerman doubts that the 'Adel der Krankheit' [nobility of illness] which Mann spoke of in 'Goethe and Tolstoy' is something he can claim.<sup>90</sup> This raises the issue of dilettantism which Mann negotiated in the figure of Christian Buddenbrook. While Mann presents the dilettante as an ambiguous figure whose dilettantism might be a useful preliminary stage for art (as pointed out by Schiller and Goethe), Roth sets up

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<sup>86</sup> Bickerstaff, p. 1058.

<sup>87</sup> Arthur Schopenhauer, *Parerga und Paralipomena*, V/I, p. 289.

<sup>88</sup> Greenacre, p. 34.

<sup>89</sup> Mann quotes Nietzsche, in Thomas Mann, 'Goethe und Tolstoi', IX, p. 80.

<sup>90</sup> Ibid., p. 80.



more rigid categories.<sup>91</sup> In a typical American manner Nathan eventually goes to see a neurologist and adopts a positivist, clinical view. He considers himself 'to be one hundred and eighty pounds of living tissue subject to the pathology of the species' (p. 57). Yet, Roth satirizes the typical objective voice of the clinic that has moved away from the individual, instead evoking the banalised body. Nathan yearns to be considered in the neoclassical frame where any deviation between the 'individual patient' and 'the perfect form of the species' is meant to be erased.<sup>92</sup> However, the links between bodily disorder and artist-identity have clearly been marked as crucial by now. Nathan feels tempted to charge his suffering with meaning. Out of fear 'of not being able to endow [his] predicament with sufficient density or originality to satisfy [his] own literary tastes' he rejects it (p. 57). He fears being transformed into a dilettante in a world where the great writers have all established their approach towards pathology, and where illness has thus become a mark of distinction. In the words of Kristeva he is not quite sure how to achieve 'la construction d'un objet symbolique indépendant' in his art in order to overcome the melancholia induced by illness. Instead he turns to fashioning his case in a clinical manner.<sup>93</sup>

Zuckerman also refrains from consulting a psychoanalyst for fear of losing his 'priest' like role in the classroom (p. 58). Again, as in Mann, Schiller's dictum 'das Bewusstlose mit dem Besonnenen vereinigt macht den poetischen Künstler aus' [a combination of the unconscious and the reflective make the poetic artist'] seems evident here.<sup>94</sup> However, Zuckerman uses a different explanation outside the reluctance of being decoded and demythologised for his refusal of psychoanalysis at this point. The neurologist he consults attributes to him a Freudian orientation as much as a literary habit. Zuckerman conceives of his migraine in a 'supramedical way' as if the self was a literary character like 'Hans Castorp' (p. 55). He acknowledges his inclination towards fashioning illness as a symbolic resource but then turns towards a clinical description of the self as 'living tissue'. Eventually Zuckerman states that 'To look for meaning was fruitless as well as pretentious' (p. 57). This appears as a radical version of Novotny's and Hans Castorp's thoughts, who after reading medical encyclopedias, concludes disappointedly that 'it seemed that life was prohibited from understanding itself' (p. 391; Woods, p. 334). In all three cases the clinical explanation of life thus leads to a momentary form of nihilism. In Zuckerman's case even the act of asserting meaning is devalued. Zuckerman's nihilism will be challenged by his author Peter Tarnopol however, who gives in to 'the temptation' and engages in the power struggle of who is allowed to assert a metaphoric reading of his suffering (p. 57). In 'My True Story' it eventually becomes clear that the psychoanalytic reading of symptoms is the way to provide his character's 'predicament with

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91 Johann Wolfgang von Goethe, 'Der Sammler und die Seinigen', XVIII; Friedrich Schiller, 'Über den Dilettantismus', XXI.

92 Charon, 'To Build a Case', p. 124.

93 Julia Kristeva, *Soleil Noir. Dépression et Mélancolie* (Paris: Gallimard, 1987), p. 173.

94 Schiller in a letter to Goethe in *Der Briefwechsel zwischen Schiller und Goethe*, 27 March 1801, pp. 908-909.

sufficient density and originality', and to determine the significance of suffering.

#### 4.3.2 Psychoanalytic case narratives

My source analysis of Peter Tarnopol's case is based on the assumption that Hans J. Kleinschmidt's paper 'The Angry Act: The Role of Aggression in Creativity' is the source for Dr. Spielvogel's article 'The Puzzled Penis' in *My Life as a Man*, as Jeffrey Berman has argued convincingly.<sup>95</sup> Roth underwent 'intense psychoanalysis' as Kleinschmidt's patient after the collapse of his first marriage in 1963.<sup>96</sup> The original article was published in *American Imago* in 1967. I am interested in how Roth has reframed and employed the case history of 'the Southern playwright' given in Kleinschmidt's narrative, and I will show how he reproduces parts of Kleinschmidt's article.<sup>97</sup> I will establish the direct influence of Thomas Mann in *My Life as a Man* due to the fact that he features as a case in the Kleinschmidt paper. The case history of Peter Tarnopol, as depicted by Dr. Spielvogel, is part of a complex web of fiction and reality. This is a link to Thomas Mann's appropriation of the *Brockhaus* articles on typhoid fever and cholera, and allows an insight into the ways in which Roth appropriates Mann. I will firstly give an overview of the argument made by Kleinschmidt in his case history. I will then consider Thomas Mann in the Kleinschmidt case, before turning to Tarnopol's reception of the Spielvogel/Kleinschmidt case and Roth's appropriation of Mann. In his paper Kleinschmidt argues for a new 'framework' in which to consider the 'psychopathological phenomena' of the 'creative person' as opposed to 'the ordinary person', reflecting Greenacre's argument as delineated earlier in this chapter. From a literary perspective the source proves particularly interesting when read in connection to the novel for a number of reasons. While Roth criticism rarely draws links between Roth and Mann in his paper Hans J. Kleinschmidt juxtaposes the cases of Thomas Mann and Philip Roth in the guise of 'the American-Italian Poet'. Both authors are turned into case material here.<sup>98</sup> When reading Kleinschmidt's article Roth must have come across the passages on Mann where Kleinschmidt elaborates on Mann's preoccupation with illness and its role for his art. Thus the article not only configures a source Roth draws on in his depiction of Spielvogel's article in *My Life as a Man*, but it is also relevant in its dimension as a source of Roth's Mann reception which I want to explore now.

In his article the psychoanalyst Hans J. Kleinschmidt delivers a general overview of his theory of the artist in psychoanalytic terms. In his concept of the artist in general he reproduces very much the pathographic readings of his time. He conceives of art as expression of 'man's continued failure' and the sublimation of neurosis through myth.<sup>99</sup> The evidence Kleinschmidt

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95 Jeffrey Berman, *The Talking Cure* (New York: New York University Press, 1985), p. 263.

96 Roth, *The Facts*, p.137.

97 Kleinschmidt, p. 124.

98 Kleinschmidt might in fact have learned about Thomas Mann through Roth.

99 Ibid., p. 127.

The British School, for example, balanced the view of the Freudian 'pathographic approach' to art and through scholars like Melanie Klein (1882-1960), Wilfred Bion (1897-1979), and Donald Winnicott

provides for his ideas about the pathology of the artist-self is grounded in his interpretation of works of art by famous artists which he then connects to observations of adult artist cases in his own surgery. In a first step Kleinschmidt turns to those artists whom he describes as ‘mythmakers par excellence’: Vassily Kandinsky, Alberto Giacometti, Sylvia Plath, *and* Thomas Mann.<sup>100</sup> Kleinschmidt convincingly introduces Mann as a writer with a ‘continual preoccupation with disease and death’ which he interprets as a ‘form of expiation’ for ‘not belonging’ and with continuous feelings of guilt due to anger.<sup>101</sup> He relates these feelings to a ‘distant mother’ and to the arising identification of an artist who is ambivalent of ‘achieving an object relationship’.<sup>102</sup> He further argues that Mann conceives of the artist as an ‘uncommitted criminal’ who remains passive and is ambivalent about his passivity. This notion only takes into account the young Mann and not the writings of the older writer in ‘A Sketch of My Life’. Kleinschmidt holds that the motivation behind all art is ‘ideal love’ made impossible by ‘narcissistic detachment’.<sup>103</sup> The perception of Mann as ‘the mythmaker’ resonates with my own findings. In the following, however, I am going to show that Kleinschmidt’s core assumptions fail to provide an adequate portrait of the artist as a case.

In the face of Kleinschmidt’s argument that Mann, the archetypical artist, ‘confronts emotional reality without involving himself in it’, I argue with Freud’s contention that the artist, in his loathing of reality, is able to shape his fantasies into ‘truths of a new kind’ by means of his creativity.<sup>104</sup> The work of art stands as its own reality representing its own truth instead of a lack. Kleinschmidt’s superficial gaze and the quick attempt to decipher concrete psychopathological phenomena by means of Mann’s biography seems doubtful and overdeterministic when compared to Freud. Freud picked one painting or one piece of literature at a time for his interpretations, whereas the descriptions Kleinschmidt delivers are only based on brief readings of some of the fiction and some letters. Like other medical historians and literary critics before and after him who have read Mann’s fiction, Kleinschmidt’s argument is unconvincing when he tries to make the whole oeuvre fit the specific assumption of art as ‘the angry act’. Illness, as shown in Parts One and Two of this dissertation, is much more central to Mann’s work than ‘expiation’. Kleinschmidt thus delivers an interesting but superficial reading of the meaning of the disordered body for Thomas Mann.

Philip Roth’s ‘case’ is introduced in the second part of Kleinschmidt’s paper. By turning towards his ‘own’ cases, Kleinschmidt establishes a two-class system of artists. The first class of artists are the ‘mythmakers’ who transform their lack of connectedness into meaningful

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(1896-1971) creativity came to be seen more as a capability to ‘tolerate frustration without seeking for a substitute for thought’ rather than a means for sublimation. Glover, *Psychoanalytic Aesthetics*, p. xv.

100 Kleinschmidt, p. 102.

101 Ibid., pp. 107-109.

102 Ibid., p. 112.

103 Ibid., p. 117.

104 Ibid., p. 116;

Sigmund Freud, ‘Formulierungen über die zwei Prinzipien des psychischen Geschehens’, VIII, p. 236; Strachey, XII, p. 224.

symbolisations. The second class are those who are simply caught in the drama of their neurosis, such as the painter and ‘the Southern playwright’.<sup>105</sup> After the idealising and more discreet readings of the great artists which created a myth of genius, he applies psychoanalytic vocabulary to his cases: the ‘Phallic mother figure’ appears as well as the ‘ineffectual and submissive father’, as Kleinschmidt speaks of ‘polymorphous sexuality’ and of women reduced ‘to masturbatory objects’.<sup>106</sup> Now he uses psychoanalytic jargon to demythologise the artist. The piece creates a hierarchy at the bottom of which stand the analyst’s own artist cases and, at the top, the mythmakers. The case history oscillates between a mythologising notion of illness and the attempt to decode genius. Roth takes up this notion of hierarchy in his discourse on dilettantism at the beginning of the novel in the question of whether Zuckerman, the writer, can prove that he is a mythmaker, too. As I shall now discuss Peter Tarnopol breaks the discussion down to the question of who owns the right to write.

Peter Tarnopol’s struggle ‘to achieve a description’ of himself stands at the centre of the novel, as Roth pointed out in a 1974 interview with Martha Saxton.<sup>107</sup> This theme crystallises in the scenes placed around Tarnopol’s discovery of ‘The Puzzled Penis’ and is closely tied to Tarnopol’s doubt in the psychoanalytic explanation of creativity as he finds that ‘the psychology of artistic style is unwritten’ (p. 223). At the same time, Roth’s depiction of Tarnopol reveals that the psychoanalytic perception and ‘‘acting out’’ will be crucial for the formation of the artist who has aspirations beyond the mediocre (p. 242). Psychoanalysis, as in *The Magic Mountain*, attains an ambiguous position in the narrative. The discrepancy between the analyst’s perspective on Peter Tarnopol as a case and Tarnopol’s thoughts on what it means to be an artist is emphasised by Roth when Tarnopol, the writer, reflects on Flaubert’s definition of the creative process. He quotes Flaubert who wrote to his lover in relation to her poetry: ‘You have turned art into an outlet for passion [...]’. Tarnopol’s conviction that art requires distance and restraint stands opposed to the notion that ‘In art [...] the creative impulse is essentially fanatic’ stressing ‘the excess of the great masters!’ (p. 238). Tarnopol is torn by the discrepancy between the Dionysian and the Apollonian principles. Like Mann in *Death in Venice* Roth sets out to undertake the ‘experiment with the condition and the risks of being a Master’.<sup>108</sup> Tarnopol has adopted the repressive and limiting Flaubertian maxim to lead an orderly quiet life and has accepted the sense of a disciplined willpower which Spielvogel seeks to lift in a Nietzschean manner.<sup>109</sup> He demands that Tarnopol acknowledge his anger and ‘spurt[s]’ it ‘where it belongs’ (p. 212). The psychoanalytic attempt to find out more about the past and ‘to challenge [his] original version of [his] fairly happy childhood’ represents a challenge to his idolisation of order and restraint (p. 218). Tarnopol has a limited view of Maureen as he thinks that her aggressive

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105 Kleinschmidt, p. 124.

106 Ibid., pp. 124-125.

107 Saxton, p. 80.

108 Reed, *The Uses of Tradition*, p. 177.

109 Smith, p. 86.

sexuality makes her mad. Spielvogel advocates the reconciliation of opposites, however, and demands that Tarnopol look back into his own past to understand his anger. As in *Death in Venice*, pathology is the means to negotiate artistic identity with the Dionysian constantly looming in the background. Tarnopol rejects the Dionysian and categorises Spielvogel's paper as a 'narrow and unilluminating thesis' (p. 240). Roth's subversion of high-minded tradition is evident here as he tells the reader about his relationship to Mann through psychoanalysis. However, he simultaneously undermines Spielvogel's idolisation of Mann as the genius artist father figure.

In the following, he sets out to test both psychoanalysis and literary tradition. Roth engages in creating 'existential drama' here by connecting the literary and the medical form of writing.<sup>110</sup> The writer accuses the analyst of a banal interpretation of art in his perception of it as the outcome of 'a fixation due to a severe traumatic experience' (p. 239). This becomes concrete once Tarnopol turns to the direct critique of Spielvogel's prose, as he reads the fictional article 'The Puzzled Penis' which is conveyed to the reader in Tarnopol's angry voice. Tarnopol's own narrative is fractured. Simultaneously, he finds Spielvogel's wording 'imprecise'. He refutes the idea of narcissism taken from Spielvogel/Kleinschmidt and redefines the author's turn to 'the self' not as a turn to the place of narcissism but to 'a source for fiction' (pp. 239-240). The monologue takes an ironic turn when a few lines later Tarnopol narcissistically claims that his father was not plagued by his wife's hostility 'but the worlds!' (p. 241). The quarry-like text only becomes more coherent and structured when Tarnopol dissects the childhood anecdote Spielvogel has used.

The anecdote about little Peter's fear that the Nazis might have captured his mother, he claims, has nothing to do with feelings of guilt as interpreted by Spielvogel. Tarnopol fights hard to save his childhood memory from the psychoanalytic gaze of Spielvogel. Roth concurs with Mann in his rejection of the psychoanalytic interpretation of the individual at the end of *The Magic Mountain*. When Hans finally attends the séance under Dr. Krokowski's scientific lead, the psychoanalyst's authority seems asserted at first. The doctor locks the door behind the group and keeps the keys. In a severe tone he demands that Hans get in contact with the ghost of his cousin Joachim. The other patients collectively murmur 'Reden Sie ihn an! [Speak to him.]. But Hans refuses: 'Er wollte sprechen, aber von seinen Lippen kam kein Wort' [tried to say something, but no words would come from his lips] (p. 947; Woods, p. 813). Instead he turns on the light, demands the key, nods menacingly at the doctor and leaves. Hans sets himself apart from the group in an act of individualisation. With the snow dream Hans demonstrates that he has learned from his teachers on the *Berghof* and emancipates himself from them. Tarnopol does not remain silent either, he starts a furious rant once he has read his case history, this 'dubious autopsy on the living body'.<sup>111</sup> Tarnopol's rejection of Spielvogel also reflects the

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110 Hurwitz, 'Form and Representation in Clinical Case Reports', p. 221.

111 Herwig, p. 133.

notion of Roth freeing himself as a writer from writer idols like Mann, imposed on him in this case by the psychoanalyst Hans Kleinschmidt. Will the character Peter Tarnopol get a glimpse of the truth like Hans Castorp?

Kleinschmidt's use of psychoanalytic jargon attains a twofold effect in the case of Peter Tarnopol's 'text of life'.<sup>112</sup> On the one hand, there is the claim of objectivity when Spielvogel says that his use of the word 'narcissism' is 'purely descriptive and carries no valuation' (p. 253). At the same time, Tarnopol acknowledges that 'Spielvogel had demythologised [...] Pygmalion' (p. 259). Whilst acknowledging the demythologising effect of psychoanalytic discourse on the work of art, he undermines any claim of objectivity but accuses Spielvogel of 'imprecise language' and of 'reductivism' (p. 252). Here a distinct connection to Hans Castorp's loathing of Dr. Krokowski's disorderly language cannot be overlooked. However, while in *The Magic Mountain* Hans's daydreams affirm the psychoanalyst's discourse on illness as 'verkappte Liebesbetätigung' [masked form of love in action] (p. 181; Woods, p. 151), Tarnopol refuses to accept the psychoanalytic manner of decoding 'the text of life' as suggested by Kleinschmidt/Spielvogel and does not accept illness as taking place in the interpersonal. Overall, however, Roth and Mann develop a similar stance towards psychoanalysis in their narrative: its rejection by the main character is juxtaposed with the fact that the insights in the books are profoundly psychoanalytic. They create a polyphony in regards to psychoanalysis. This notion becomes complicated further with Kleinschmidt's case history of Mann as one of the giants of literature. Through his rejection of the analyst in the novel, Roth shows his emancipatory ambition in regards to literary father figures.

Hans Castorp is unsure about his own standpoint in relation to psychoanalysis. In *The Magic Mountain* he is subject to a narrative which places him in a psychoanalytic context without his knowledge. Eventually he 'slams the analyst's door'. Once Tarnopol has read Spielvogel's article and is in possession of a text in a comical dramatic adaptation, he goes further than Castorp; opening the door again shouting at the analyst. He sets out to prove that Spielvogel's labelling creates a mythology of 'his banal fucking fiction' at the same time that it becomes clear that psychoanalysis is a way to make room in one's mind for the opposites of love and hate, and face one's anger (p. 246). Once Tarnopol has exclaimed 'Good God, what a reading of my story *that is!*', the drama begins (p. 242). Roth takes up the unequal power relations established in the case history where the patient is objectified. He creates drama by playing with these conventions. The issue of authorship and interpretive authority is raised again with the angry dialogue. Tarnopol sets out to 'dissect' Spielvogel's text which he perceives as an intrusion into his intimacy as a patient, this textual body is by no means a 'common locus of understanding and sensibility'.<sup>113</sup> It merely creates an unbridgeable conflict as Peter Tarnopol, the writer, feels that the analyst transgresses necessary boundaries between

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112 The term 'text of life' I borrow from Bloom, *Thomas Mann's 'The Magic Mountain'*, p. 4.

113 Laqueur, pp. 200-201.

individuals. The case history now comes to be closely linked to issues of artistic freedom and identity. Furthermore, the fact that patient and doctor are ‘writing simultaneously’, both trying to create different myths, renders identity blurred. The struggle over power and identity becomes charged morally when Tarnopol accuses Spielvogel of abusing him as a patient by writing about him. Spielvogel replies: ‘Do you ask permission of the people you write about?’ (pp. 249-250). As in Hans Castorp’s case, the patient pursues his own investigations into pathology but Tarnopol struggles to accept any description of the self and the reconciliation of oppositions remains unachieved. On the narrative level, however, in *My Life as a Man* the former patient Roth turns into the author of Peter Tarnopol’s case and, as it were, of Dr. Spielvogel. Hence in the act of making fiction of his own case history identities are blurred and power relations turned around. In the end Tarnopol decides to remain with Dr. Spielvogel as he is impressed with his ‘armor’ and hopes to learn from him in order to process and handle aggression better and accommodate it. The end of this scene is ironic in that the psychoanalytic narrative itself demands that defence mechanisms are lowered. Eventually Tarnopol hopes to gain *Bildung* through analysis but the ability to bridge ‘the gap’ between himself and others, ‘between fact and action’ is still unresolved.<sup>114</sup>

#### 4.3.3 Conclusion

The analysis of Philip Roth’s treatment of medical source material in *My Life as a Man* has led to several insights. At this point the author experiments with the whole spectrum of self-description: clinically medical, psychoanalytic, and literary (fictional, non-fictional). He transforms the clinical description of migraine into a treatise on illness and the imagination which can be read through Schopenhauer. Illness and the imagination are linked closely and mark the birth of the writer self who publishes short stories afterwards. The most powerful paradigm, however, is the psychoanalytic framework which also becomes a direct link to Mann. A reading of the Kleinschmidt source has revealed that Thomas Mann is directly connected to the ‘Southern Playwright’ in this psychoanalytic case narrative. It could thus be shown that Mann was a direct influence on *My Life as a Man* as Roth engages intensely with the Kleinschmidt narrative. Identities become blurred whilst the question of textual authority is challenged by the near and less near approximations through writing Spielvogel and Tarnopol undertake. The writer’s task to transform reality into fiction is uncovered as dubious and tied to the psychoanalytic enterprise of creating cases through narrative. The central question is the issue of what Spielvogel’s fiction covers in comparison to Tarnopol. The novel conveys Shakespearean mixed feeling in regards to psychoanalysis. Tarnopol is angry with psychoanalysis but the insight that one needs to accommodate the opposites of love and hate and the ability to transform a violent sexuality into a creative force is profoundly psychoanalytic. Roth approves of the psychoanalytic perspective and a productive violent

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<sup>114</sup> Ibid., p. 204.

sexuality by showing that the mediocre novelist Peter needs to face his anger. The mediocre writer Tarnopol cannot see Kleinschmidt's vision of the world at this point.

In this comparison between Kleinschmidt's case histories and Spielvogel's case of Peter Tarnopol in the novel, I am actually showing that Roth relies on Mann as a test case and that Thomas Buddenbrook plays a central role for the conceptualisation of the novel which, under these circumstances, might even be read as 'My Life as a *Mann*'. With 'A Sketch of My Life' it could be proven that Mann is a vital figure in the negotiation of literary tradition and artist-identity in the novel. In *My Life as a Man* Roth goes one step further in describing the author's 'realisation' through this playful imagination of the writer self in formation and in crisis. As shown Roth subverts Mann but through the framework of the novel, he also affirms him. He closely ties the Mann text to the question of the role restraint and frenzy, 'letting go', play for the writer, and what an adequate self-description might look like. Mann's conceptualisation of the Dionysian and the Apollonian thus constitutes the framework of the novel.

From regressive Novotny who eventually chooses to shun knowledge from his life lived 'under the threat of infirmity', Roth has moved on to the intellectually vigorous and energetic artist figure, Zuckerman, and his creator, Peter Tarnopol. The body in pain is explored as a means to get to know the self and develop a *sentimentalisch* mindset, but the result is a struggle with the literary father figures and 'mythmakers' who have established illness as symbolic resource for their writing and, not least, with the medical/psychoanalytic profession for want of the right of interpretation over the text of life. The narrative thus contains a strong emancipatory impetus. Simultaneously Roth arrives at the conclusion that clinical knowledge and acts of interpretation are, if not meaningless, at least highly dubious. His treatment of source material suggests that the struggle over textual authority cannot be resolved, and an adequate description of the artist-self seems implausible to Roth at this point. Medical and psychoanalytic detail provide spaces to negotiate identity and develop the capacity for suffering, but Roth's protagonists are not satisfied with the outcome and the search has to continue. In the light of Roth's attempts to free himself from the 'mythmakers', the link Kleinschmidt develops between Thomas Mann and Philip Roth through the 'successful Southern playwright' becomes especially relevant to the novel. Roth heavily relies on Mannian illness mythology and his notion of the *sentimentalisch* consciousness and the medical as a source of knowledge. He places physical and psychological pain centrally in his fiction, even though he refuses to think of illness as a source of interiority and of humanism at this point. With *The Anatomy Lesson*, the book I will turn to in the next subchapter, Roth intensifies his attempts 'to become your doctor's doctor' as he writes the countertext to Mann's great medical novel, *The Magic Mountain*.<sup>115</sup> I shall explore whether *The Anatomy Lesson* can be read as a synthesis of the three modes of self-interpretation, clinically medical, psychoanalytic, and literary (fictional, non-fictional), or, alternatively consider if the hierarchy changes.

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115 Saxton, p. 77.



#### 4.4 *The Anatomy Lesson* – finding an alternative ‘corpus’

*The Anatomy Lesson* (1983), described by Philip Roth as a ‘Comedy’, appeared as the last of three novels and was meant to close the Zuckerman cycle.<sup>116</sup> This time the writer Zuckerman has given up his observing position and become the centre of an illness narrative narrated in a ‘frenzied solipsism’, as John Updike observed in 1991.<sup>117</sup> Zuckerman has lost his equilibrium and suffers from opaque and disabling backpains. The question is whether tracing Mannian illness mythology might help to reveal a development in the Zuckerman story which Updike and other critics have denied him. Monika Hogan, for example, has made the case that Zuckerman is suffering from ‘racial-hypochondria’ where the individual is ‘preoccupied with its own legitimacy’ and caught in a ‘profound confusion between health and pathology, wholeness and disability’.<sup>118</sup> I disagree with her in that I conceive of the body in disorder as an ambiguous, but by no means purely negative space, in the narrative. Roth treats the Nietzschean credo of man ‘das kranke Tier’ as does Mann in *The Magic Mountain* exploring the *sentimentalisch* body in disorder as a source for creativity and as a means through which to become acquainted with the self. By reading Zuckerman through Mannian illness mythology I will reveal that assumptions about the ‘melancholic’ character can be challenged and a more complete picture of the artist Zuckerman and his ‘corpus’ thus emerges, evolving from Gustav von Aschenbach into Hans Castorp. Furthermore, *The Anatomy Lesson* is of particular relevance to this dissertation as it inaugurates a new approach to self-interpretation in the Roth *oeuvre*. I concur with David Gooblar who has asserted that a turn within Roth’s Freud reception had occurred by this stage. Indeed his character Zuckerman realises that psychoanalytic doctrine will not allow him to escape from his current crisis and so dismisses such doctrines in the novel. The more fully formed Zuckerman is in search of a ‘new way of conceiving the self’ in order ‘to grant the self new possibilities for fictional transformation’.<sup>119</sup> Zuckerman’s sense of self is to no little extent represented through his notorious bestseller *Carnovsky* which lies at the core of the crisis. He feels alienated from the world and from his work. I conceive of the fictional bestsellers *A Jewish Father* and *Carnovsky* as ways for Roth to explore the whole spectrum of what effects storytelling may have on the author. Where in *My Life as a Man* the psychoanalytic paradigm was the preferred means of searching for new ways of self-interpretation and creativity, a shift towards the clinical takes place in *The Anatomy Lesson*. I will show that this shift has its roots in Thomas Mann’s writing and the notion of disorder as epistemological issue.

I will firstly outline the general medical assumptions about backache in the 1970s and 1980s. Then I will consider the relationship between bodily disorder and creativity by looking at

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<sup>116</sup> Brent, p. 140.

<sup>117</sup> Updike, p. 368.

<sup>118</sup> Hogan, p. 2 and p. 13.

<sup>119</sup> Gooblar, p. 98.

Roth's play with medical sources, in this case that of the orthopaedist James Cyriax in his book *Diagnosis of Soft Tissue Lesions* (1982). I will demonstrate how Zuckerman arrives at a metaphorical interpretation of pain where bodily disorder and punishment are closely linked once again, as in *Buddenbrooks*. I shall then discuss the relation of creativity to illness. I will take up Monika Hogan's argument on Zuckerman's close relation to the dead, where I look at the breakdown of individual boundaries when the protagonist sees his mother's ghost. I then explore the alternative identities Zuckerman experiments with in the novel, including writer, pornographer and doctor. Thomas Mann's 1949 article 'Goethe: 'Faust, and Mephistopheles'' in *The New York Times Magazine* will be introduced as a source. At the core of my analysis lies the snow scene in *The Anatomy Lesson* which I shall set in relation to Hans Castorp's experiences in the chapter 'Schnee' [Snow]. I will show that the synthesis of opposites is a recurring theme in the novel, linking it closely to Mann's illness mythology and making *The Magic Mountain* both a model and a counter-model to *The Anatomy Lesson*.

#### 4.4.1 The Zuckerman case

After eighteen months of pain Zuckerman finds himself bereaved: 'Gone. Mother, father, brother, birthplace, subject, health, hair' (p. 68). It is unclear what has been there first, the pain or the loss. Now that a first 'realisation of the artist-self' has been achieved through the writer's notorious novel *Carnovsky*, the question seems to be whether he can ever 'escape his art' again and rid himself of the examined life.<sup>120</sup> Central to the negotiation of the question of identity and freedom is the opaque pain that ails him. With Zuckerman's pain, Roth takes up orthopaedic discourse again, as in 'Novotny's Pain', this time with the intention to depict the pain as 'realistic and [as] unsymbolic as possible'.<sup>121</sup> The intellectually more rigorous Zuckerman plays with the knowledge found in doctors' volumes, in this case the seventh edition of *Diagnosis of Soft Tissue Lesions* (1978) by James Cyriax, whom Roth quotes in the epigraph. I am going to consider the quote by Cyriax later in this chapter.<sup>122</sup>

At this point I briefly want to take a look at the overall narrative framework of the manual. Cyriax gives a historical overview of backache and criticises the fact that it has not become accepted as a serious disease in late 1970s America despite the large numbers of people it affects. Cyriax's narrative is interesting in its ambiguous tone. On the one hand, he frames his endeavour to shed light on the treatment of cases which cannot be detected through X-ray as a curious undertaking of 'disturbing vagueness'. He draws an almost mythical image when he describes 'the huge mass of patients' who 'wander from doctor to doctor'.<sup>123</sup> On the other hand, the objective language of the clinic forms the central pillar of his discourse where he speaks of

120 Philip Roth, 'The Book that I'm Writing', *The New York Times*, 12 June 1983, p. 12.

121 Philip Roth in an interview with *The London Sunday Times* in 1984, in Philip Roth, *Reading Myself and Others* (London: Vintage, 2001), 115-137 (p. 132).

122 James Cyriax, *Textbook of Orthopaedic Medicine. Diagnosis of Soft Tissue Lesions*, 7<sup>th</sup> edn (London: Baillière Tindall, 1978), I: Diagnosis of Soft Tissue Lesions.

<sup>123</sup> Ibid, p. ix.

‘systematic examination’ he founded which allowed ‘precise diagnosis’.<sup>124</sup> Roth takes up the paradox of ways of approaching backache laid out by Cyriax and transforms them into a means to negotiate artist-identity. George Engel holds that pain serves as a relatively satisfactory means of atonement for conscious or unconscious feelings of guilt as well as ‘intolerance of success’ in a ‘masochist character structure’, a notion also fitting Zuckerman.<sup>125</sup> Despite Roth’s claim to the contrary, with his rigorous turn towards the body in disorder, medical discourse becomes the basis for a mythological reading of symptoms, as it did once in Thomas Mann’s work.

The young Zuckerman in *My Life as a Man* only briefly turned towards the clinical as a means of cure, and out of fear of dilettantism denied himself the artistic exploration of bodily disorder. Instead, psychoanalytic discourse stood at the centre and provided the framework for the creativity of Zuckerman’s self-interpretation. The older Zuckerman, however, seems to have come to the conclusion that Freudian psychoanalysis in its resigned tone puts boundaries on the extent to which one can become one’s own ‘author’.<sup>126</sup> In his quest to escape his own self, Freud’s notion of the self as manageable but not authorable does not satisfy Zuckerman any more. Instead, Roth now makes the body paramount. I will show how for Roth exploring the possibilities of physical pain opens up possibilities for a new sense of self and self-interpretation. Roth introduces the book with a quote from the 1982 edition of James Cyriax’s book *The Diagnosis of Soft Tissue Lesions*:

The chief obstacle to correct diagnosis in painful conditions is the fact that the symptom is often felt at a distance from its source.<sup>127</sup>

This medical text admits to the incommensurability of the symptom with the system. It points to its own deficiency and of signifier signified. The patient’s feelings are perceived as an ‘obstacle’ to objectivity here. Roth takes up the ambiguity of Cyriax’s text. Zuckerman, like Peter Tarnopol, is unconvinced that doctors can really say anything about ‘the pain – in his neck, arms, and shoulders’ (p. 3). In his book Cyriax sets out to prove that the obstacles of diagnosis can be overcome. However, the explanation he delivers is only partially of a clinical nature and bears many knowledge gaps, which the author fills in, similar to the way in which the medical professionals discussed the TB personality at Mann’s time. In chapter three, Cyriax develops an explanation of ‘referred pain’. When he states that ‘the patient’s emotional state influences the degree to which a sensation may be regarded as painful’ a psychological disposition for disease is introduced into the discussion.<sup>128</sup> When Cyriax urges doctors to ‘listen

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124 Ibid., p. xiii.

125 Engel, p. 916.

126 Gooblar, p. 98.

127 Cyriax, *Textbook of Orthopaedic Medicine*, 7<sup>th</sup> edn, p. 30.

128 Ibid., p. 30.

with care' and adopt a 'sympathetic manner' in order to reach a diagnosis he reflects Engel's argument. One might think that it is a humanitarian and a psychological perspective that is proposed here. The patient, however, is depicted as ignorant of his own 'diffuse' story and as 'embroider[ing]' symptoms. Cyriax advises the doctor to adopt a 'dispassionate view' to divide good patients suffering from 'real' pain from those who suffer from psychogenic pain – a rather old-fashioned position.<sup>129</sup> As regards the source for referred pain Cyriax's discussion is less obscure. He suggests that pain poses 'an error in perception'. The error is explained neurologically through the example of skin pain, which is suddenly replaced by an inner pain which is then felt to be on the outside. Cyriax holds that the brain remembers pain and then, through 'a disorder occurring in the mind', links it to another source wherein a 'curious situation' arises' where the 'sensory cortex' misinterprets the origin of the pain.<sup>130</sup> To Roth the question of interpretive authority plays a crucial role in the diagnosis of this pain. Cyriax categorises the moment of misinterpretation as an unconscious act which subverts the mind's conscious will. Roth takes up his notion of referred pain as a central topic of the novel. The undiagnosable referred pain is lifted to a metaphorical level, and becomes emblematic for Zuckerman's feelings of having been misinterpreted as the author of *Carnovsky*, both by his critics and his parents.

The medical text underlying Roth's fiction advocates contradictory views on illness and displays strong tensions between the clinical voice and a voice which admits an awareness of the knowledge gaps that are filled with the curious elements of the disorder. Cyriax emphasises the narrative disclosure of illness and the relevance of storytelling for diagnosis. His narrative displays the notion of a pain personality. In the novel Roth makes his subject the pain personality and, like Mann, he turns towards the knowledge gaps and fractures in order to negotiate the questions he is interested in: the *corpus* of the writer. In the beginning Zuckerman's perception of his body is characterised by the notion of a deep alienation of the self from the body. He fashions his body in pain as a 'maddening' spectacle which prevents him from doing what he has always done best: write (p. 4). This is accompanied by the insight that 'he had nothing left to write' (p. 10). The alienation from his own body stands for the alienation between the writer self and the world, as Zuckerman has now become a man who 'couldn't throw open a window' (p. 4). In his quest to regain unity and connect to the world, Zuckerman seeks medical help. He has engaged three orthopaedists, two neurologists, one physiotherapist, one rheumatologist, one radiologist, one osteopath, a vitamin doctor, an acupuncturist, and the psychoanalyst.

At first comes the interpretation of the osteopath who attributes concrete disfigurement to the act of writing where the writer's spine has become twisted 'off the vertical axis' (p. 8). The second osteopath throws him out as he does not want to waste his time on 'hypochondriacs'

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129 Ibid., pp. 719-720.

130 Ibid., pp. 30-31.

(p. 15). A confusing web of medical professionals inject, X-ray, prescribe drugs and hospitalise Zuckerman, making him feel his 'powerlessness' (p. 15). Zuckerman yearns for a complete change. When his analyst suggests that Zuckerman might be gaining from illness he 'so resented the crack he nearly walked out' (p. 14). Here a negative adaptation of Engel's view of the pain prone individual is revealed. In Zuckerman, the thought arises whether it is better to 'leave what is given untransformed' and succumb to a notion of pain as 'qwertyuiop' (p. 37). Now it becomes clear that what is at stake for Zuckerman is the negotiation of the literal and the literary.

The doctor figures in the narrative bear elements of Dr. Grabow and his colleagues from *Buddenbrooks*, the profit oriented quacks giving treatment that lacks scientific proof. Roth introduces the discussion whether bodily disorder might have a metaphysical or at least educational role when he juxtaposes the scene with *The Magic Mountain* in which Jenny, one of his lovers, reads to him while he is bed-ridden. But Mann's fiction does not ring true for Zuckerman. Hospital room 611 is juxtaposed with the *Berghof*, but Hans Castorp and 'the dynamic opportunities for growth provided him by TB' 'irritat[e]' Zuckerman who finds his experience of medical care simply 'humbling' (pp. 15-16). As in *My Life as a Man* the protagonist considers Mann's illness mythology, but at this point finds it a nuisance to his sense of self. Hans Castorp becomes Zuckerman's adversary. Instead the modern conceptualisation of the body as a machine operated by engineers seems to be the explanation offering the most probable cure. Consequently Zuckerman turns to a Long Island laboratory that has created a mysterious machine 'to alleviate the most recalcitrant forms of chronic pain' (p. 26). The 'pain suppressor' which is the 'size of an alarm clock' administers 'low-voltage shock' six times a day via 'moistered electrode pads'. Zuckerman is 'the experiment in chronic pain' (p. 26). Yet, the treatment does not yield any results. Castorp's educative gains from bodily disorder, as well as the positivistic success of science and the notion of pain as 'qwertyuiop' are denied validity here. The prohibition against science is not called for as in *Death in Venice*. However, the only diagnosis Zuckerman finds satisfying brings him very close to Gustav von Aschenbach. It is delivered by Anton, a scalp specialist, who claims to be able to '“control all controllable hair problems”'.<sup>131</sup>

Anton takes 'Zuckerman's history', examines his scalp with a lamp and extracts a hair for 'analysis in the lab' (pp. 28-30). Despite the clinical language which suggests a modern environment and progress, Zuckerman turns into 'Herr von Aschenbach', whom Roth directly refers to here as 'tinting his locks and rouging his cheeks in a Venetian barbershop' (p. 31). Then Anton returns to discuss the results and Zuckerman says 'It was the longest, most serious, most detailed and thoughtful diagnosis that [he] had ever got from anyone for anything he had suffered in his life' (p. 32). In his narrative of agency, Anton asserts that 'we are fighting a

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131 This reflects Cyriax's central concern that demands more medical attention to backache as otherwise 'numerous laymen' erupt 'into the void we have left gaping' (x).

losing battle' if Zuckerman is not to comply with his prescriptions (p. 33). The war metaphor gives his speech an ironic undertone. Anton uses the language of 'agency' as described by Elaine Scarry who argues that the 'as if' structure provides spatial separation of the pain from the body.<sup>132</sup> To Zuckerman, however, strategies of language have become superfluous. Following this scene the recognition of his physical decline occurs when he sees 'a skinny old man' in the mirror (p. 33). Now he has indeed turned into Gustav von Aschenbach who is repelled by his own ageing body. Like him he has become the artist who has lost his subject and cannot produce anything of relevance, and is caught in a 'rein ästhetische Weltauslegung' [purely aesthetic world-interpretation].<sup>133</sup> In this passage illness becomes morally charged. The disease, Zuckerman is told, might be 'penance for the popularity of *Carnovsky*' thus the 'punishment' motif from *My Life as a Man* returns (p. 52). In his vision of the decline of his artist-self the outside world imposes the pain as 'poena' on him for 'the family portrait the whole country had assumed to be his' which had produced the 'crippling of his upper torso' as 'punishment' (p. 34). But Zuckerman 'wasn't buying it' (p. 35). Nevertheless, his perception of the body in pain oscillates between the austere 'qwertyuiop' and 'poena'. Like Mann, Roth mythologises illness and ties it closely to the question of artist-identity and morality. The status of illness hence supersedes Hogan's idea that it is the whole body for which the protagonist longs. Instead, Roth places the defective body as an epistemologically charged site that denies straightforward interpretation in the protagonist's quest to redefine the artist-self and its relation to the world.

Similarly to Mann in *Death in Venice*, Roth lets Zuckerman explore the world of the Apollonian and the Dionysian through the imbalanced body. The central question is how the seat of illness is linked to creativity. In *Death in Venice* the seat of the cholera and the seat of the imagination eventually converge in the same body part, the Bauchgangliengeflecht [the abdominal ganglionic nexus], as pointed out in Part Two.<sup>134</sup> The boundaries between nature, the body in disorder, and creativity are thus blurred. Zuckerman has read his Mann and experiments with Nietzsche's notion of art based on the Apollonian and the Dionysian. We learn from Zuckerman that 'Dionysian rites were once believed to have a therapeutic effect on the physically afflicted' (p. 120). The question is whether the pain and the Dionysian rites in the form of a harem, drink, and drugs are a means for the author Zuckerman to regain inspiration or, like Aschenbach, to at least enable them to enjoy the 'Vorteil[e] des Chaos' [the advantages of chaos] (p. 515; Luke, p. 259). Alternatively, the experience of pain can be held to lead away from creativity, as in von Aschenbach's inability to reach the equilibrium between the Apollonian and the Dionysian that is reflected in his physical decline.

Zuckerman's treatment is characterised by measures purporting to treat the cause of his

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132 Elaine Scarry, *The Body in Pain. The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985), p. 13 and p. 17.

133 Friedrich Nietzsche, *Die Geburt der Tragödie*, III/I, p. 112; Haussmann, p. 137.

134 Arthur Schopenhauer, *Parerga und Paralipomena*, V/I, p. 260.

symptoms. At first the pain is described through the action he takes with the collar to brace his neck. Zuckerman is ‘managing his pain’ (p. 112). In order to assert control linguistically Zuckerman has adopted clinical language: ‘The intercostals between the eighth and ninth ribs were only moderately sore, a little improved really since he’s last checked’ (pp. 139-140). Roth juxtaposes the rational clinical approach with Zuckerman’s irrational fantasy in regards to the treatment of pain, ‘I’ll *scare* it out of me’, he says, threatening to jump from a high-rise building (p. 109). Thus eventually the language of agency is led ad absurdum and where the clinical and technical attempts to treat pain once stood, Zuckerman has now placed his own chaotic treatment. The ‘orthopaedic collar [...] to keep the cervical vertebrae aligned and to prevent him from turning his head unsupported’ (p. 4) is contrasted with his furious rage in the face of this ‘character test to top them all’ (p. 38). The ‘monstrously unmanning’ wife Maureen has now been substituted with a harmless ‘harem of Florence Nightingales’ (p. 14).<sup>135</sup> But, like Gustav von Aschenbach who eats dubious strawberries, Zuckerman commits ‘diätetische Verstösse’ [dietetic breaches] in the form of alcohol and drug abuse.<sup>136</sup>

Most importantly Zuckerman self-medicates painkillers. While downing Percodan he wonders ‘Where would [I] be without it?’ (p. 217). Indeed, the question arises over what possibilities the factual clinical knowledge paired with the Dionysian experience holds for the writer. Zuckerman displays an interest in medical facts and turns to reading about drugs as Novotny once did. The *Physicians’ Desk Reference to Pharmaceuticals and Biologicals* (PDR) he consults praises the ‘unique pain-relieving efficiency’ of Percodan, his drug of choice. The text mentions the ‘habit forming potentialities’ and defines them as ‘less than those of morphine and somewhat greater than those of codeine’.<sup>137</sup> In Zuckerman’s mind, Percodan takes on a Dionysian voice. Once he is in the city the drug urges Zuckerman to go out into ‘Chicago by night’ instead of tending to his pain. Uncontrollable forces now come to the fore. Zuckerman personifies the composites and indulges in a hallucinatory praise of the effects. The pills he sees in the book become ‘fragile snowflake[s]’, ‘radiant as rubies’, ‘garnet-shaped bottles of burgundy wine’ ‘runic’, and ‘raspberry mints’. Eventually, to the pain ridden mind the pills seem like sweet treats ‘like M&Ms’ (pp. 215-217). Roth’s irony suggests that science has advanced so far as to seduce the patient into an infantile consumerism where morphine takes on the shape of a ‘mint’. As factual knowledge lies in front of him in the form of the book, like Aschenbach, Zuckerman shuns it and prohibits himself the act of scientific investigation. Instead, he indulges in the effects of Percodan driving through Chicago as though it was Venice, sinking ever more deeply into his vision of his doctor/pornographer self that can live the ‘unexamined life’ free from art. The body has been made paramount whilst at the same time

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135 Lee, *Philip Roth*, p. 77.

136 Lahmann, p. 114.

137 *Physicians’ Desk Reference to Pharmaceuticals and Biologicals*, ed. by Barbara B. Huff, 24th edn (New Jersey: Medical Economics, 1970), pp. 703-704. I have been unable to access the 25th edn of this book despite extra research.

science is deprived of any serious meaning.

Next to the Aschenbach tradition in which Zuckerman stands, the colourful explosion of pills in the book in front of him also bears resemblances to the X-ray scene in *The Magic Mountain*. The *PDR* lists as the components in a factual manner

Composition: Each yellow, scored tablet of PERCODAN contains Oxycodone hydrochloride 4.50 mg (Warning: may be habit forming), Oxycodone terephthalate 0.38 mg. (Warning may be habit forming), Homatropine terephthalate 0.38 g. (Warning: may be habit forming), Aspirin 224 mg, Phenacetin 160 mg., Caffeine 32 mg.<sup>138</sup>

Zuckerman's drugged mind transforms into a magical scene. The 'master chef at Endo Laboratories' has 'mixed' oxycodone with 'a little aspirin, a little caffeine, a little phenacetin, then lightly sprinkled with a dash of homatropine terephthalate' and the outcome is 'mellow, soft, and cheering Percodan' (p. 217). *Hofrat* Behrends shines through in the 'master chef' and like Hans Castorp, Zuckerman is fascinated by this act of science. When his X-ray is taken Hans is overcome by a sense of deeper interiority and a way to connect with the outer world that he was able to feel before. He falls silent. Zuckerman, however, overflows with words. The pills induce verbal fireworks and he impersonates his enemy Milton Appel. The writer has lost control and is 'letting go' of the power over the text of life: 'He couldn't have stopped if he'd wanted to. *Let him speak*' (p. 225). Zuckerman has given in completely to the Dionysian credo. The creative push Zuckerman experiences due to his experimentation with painkillers shows how closely Roth has come to link the body in disorder with creativity in the course of the narrative. Like Gustav von Aschenbach, to Zuckerman, striving for a balance between the Apollonian and the Dionysian is no longer something he considers in earnest. Instead, he gives in to the Dionysian aspects of bodily disorder. In Hans, the 'Triumph der Neuzeit' [the triumph of the age] in the form of X-rays triggers old memories and a capacity for humanitarian sensibility as, with the realisation of his own mortality, comes a sudden ontological sympathy with all human beings (p. 301; Woods, p. 256). In Zuckerman's case any triumph is satire. Here Roth undermines high-minded assumptions about illness and literature. He thereby takes further Mann's satirizing stance on humane insight.

With the appearance of his mother's ghost in the hotel room, Zuckerman's 'yearning' for the transgression of boundaries is taken to yet another level, allowing deductions about notions Roth shares with Mann concerning the will and insight through suffering (p. 228). Once he is in Chicago, pain forces Zuckerman 'to bed' where he is dreaming of his mother in the form of 'a nude woman' and a dove (p. 228). He feels an overwhelming 'yearning' for oneness and feels 'wretched' as never before in his life as he awakens alone. Yearning and fear conflate, as in Aschenbach's dream when the longing for unity with Tadzio resulted in the orgy dream

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138 *Physicians' Desk Reference*, 24<sup>th</sup> edn, p. 703.



where ‘Stachelstäbe’ [prods] threatened all individuality and boundaries (p. 517; Luke, p. 261). Eventually Zuckerman’s mother appears as a ghostly presence in the room ‘*She’s with me here*’, he says (p. 228). The will in the form of the mother’s ghost suspends ‘rationality’ and the ‘Gränze zwischen Subjekt und Objekt’ [boundary between subject and object] is occluded, it sets in what Schopenhauer called ‘die unmittelbare Einwirkung der Individuen auf einander’ [the immediate impact of individuals on one another].<sup>139</sup> Zuckerman’s ‘persistent connection with ‘his’ dead’ is manifested in this scene, and Monika Hogan argues that ‘he feeds on his relationship with what he has lost’ and becomes a ‘melancholic figure’ who can’t ‘assimilate’ that mother is gone.<sup>140</sup> I argue that the scene renders Zuckerman a more complex character, than a merely ‘melancholic figure’. Seeing his mother indeed does bring up feelings of guilt, as the pain now reveals its true face as ‘poena’. This becomes even clearer if one considers Schopenhauer’s notion that the will forms the organism and that the impulse for dreaming comes from the body. The pain that enforced passivity eventually culminates in the insight that life ‘ends and it doesn’t’ for Zuckerman (p. 228). Like Hans Castorp Zuckerman reaches the conclusion that life is death and death life, one of the central effects Mann assigns to bodily disorder. The scene reveals both a deep ambiguity towards the ‘other’ and feelings of guilt, but it also shows that Zuckerman is on a quest to gain emancipation from this guilt attempting to create a synthesis which makes him far from melancholic. Zuckerman eventually identifies the pain with ‘Myself’ (p. 232). In order to understand his notion of the self better, and to determine how Roth applies pain in the search for a new description of the self, I will look at the three Zuckerman identities presented in the novel: the writer, the pornographer, and the doctor.

Just a few pages after the invention of Milton Appel, on his way to Chicago to study medicine, Zuckerman recalls an encounter with Thomas Mann when he was a student. Mann ‘came to Chicago during his first term’ to deliver a speech celebrating the ‘Goethe Bicentennial’ (p. 178). Roth’s ambiguous play with source material by Mann makes this scene a crystallisation point of Zuckerman’s assumptions about his identity as a writer. The political significance attributed to Mann’s Goethe speeches in America around the Bicentennial is of particular relevance to the speech Roth invents. In 1950, at 75, Mann indeed gave his speech ‘Meine Zeit’ (‘The years of my life’) at the University of Chicago.<sup>141</sup> The speech, which had been written for the *Library of Congress* as Mann’s sixth annual address in April 1950, was delivered in Chicago due to FBI pressure. The librarian at the *Library of Congress*, Luther Evans, eventually asked Mann to withdraw due to information he had obtained about Mann’s trip to Eastern Germany.<sup>142</sup> In the speech, Mann gives a historical overview of his lifetime and

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139 Arthur Schopenhauer, *Parerga und Paralipomena*, V/1, p. 317 and p. 322.

140 Hogan, pp. 3-4.

141 Thomas Mann, ‘Meine Zeit’, in *Gesammelte Werke*, Ed by de Mendelssohn and Bürgin, 2<sup>nd</sup> edn, XI: Reden und Aufsätze, 302-326.

142 Hans Rudolf Vaet, ‘Hoover’s Mann: Gleanings from the FBI’s Secret File on Thomas Mann’, in *The Fortunes of German Writers in America: Studies in Literary Reception*, ed. by Wolfgang Iser and others (Columbia: University of South Carolina Press, 1992), 131-144 (p. 139).

the many shifts within the political and social sphere. Mann claims that the desire for purification, vindication, and justification functioned as a motor for his writing and that his life provides unity in times of change despite the many obstacles in his career.<sup>143</sup> Throughout his exile in America the FBI had 'kept a watchful eye' on Thomas Mann and had determined that Mann had a 'communistic background'.<sup>144</sup> In 1949, a 'campaign that was to continue for over two years started with an article in *Life* magazine in April 1949 that denounced him as pro-communist.<sup>145</sup> The incidents at the *Library of Congress* provoked bitterness in Mann. He never took up his lecturer position there again. Soon after he found his name on a list of forty people 'affiliated' with 'communist [...] organisations' in the *LA Times*, and in April 1951 he decided to return to Europe, eventually moving to Zurich in 1952.

The background of Mann's speech sheds light on the calamities art can cause for its creator. Like Mann, Roth's alter ego Zuckerman has been excluded from the Jewish community he grew up in due to his writing. Mann's reminiscence allows him to reaffirm his own status as an outsider struggling to find his way back into society. Goethe, Mann, and Zuckerman (Roth) – have all been accused of 'profound nihilism', 'frightening indifference' and of committing an 'affront'.<sup>146</sup> But the similarities reach even further. Soon after the Second World War Mann had been accused of both communism and 'premature antifascism' in America, while Roth has been compared with Julius Streicher and Joseph Goebbels in the aftermath of the publication of *Portnoy's Complaint*.<sup>147</sup> These accusations reflect witch-hunts taking place in different times and political cultures, but which equally made both artists subject to severe political assault. Roth places these notions as a subtext and possibly also as a further provocation of the critical voices from the Jewish community. But through Mann he also points out the relevance of nineteenth-century German thought for his writing. His appreciation of Mann is thus double-edged; it is both an intellectually sincere connection with a certain tradition of thought, and it could be seen as a means to provoke his critics.

Yet, the actual content of Roth's invented Mann speech points to yet another text by Mann. Shortly after *Life* magazine had launched its attack on Mann, *The New York Times Magazine* reminded him of a Goethe article he had written earlier. The article 'Goethe: Faust and Mephistopheles' appeared on the 26<sup>th</sup> of June 1949 in *The New York Times Magazine*.<sup>148</sup> Here Mann turns to German national identity in a time when German self-esteem stood highly challenged by the big catastrophe of the Second World War and the Holocaust. Mann took on the challenge of characterising the basis of German identity and of sketching an anthropological

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143 Thomas Mann, 'Meine Zeit', XI, p. 302.

144 Valet, pp. 133 and 137.

145 Valet, p. 138.

146 Thomas Mann, 'Goethe: Faust, and Mephistopheles', *The New York Times Magazine*, 26 June 1949, p. 10 and pp. 38-39;

Irving Howe, 'Philip Roth Reconsidered', in *Critical Essays on Philip Roth*, ed. by Sanford Pinsker (Boston: G. K. Hall & Co, 1982), 229-244 (p. 239).

147 Valet, p. 131.; Marie Syrkin, 'The Fun of Self-Abuse', *Midstream* 15 (April 1969), 64-68 (p. 65).

148 Mann, 'Goethe: Faust, and Mephistopheles', p. 39.

image of the artist-self. With great intimacy, as Zuckerman points out, Mann approaches 'Bismarck, Erasmus, and Voltaire' and, most importantly, Goethe (p. 178). It is very likely that Roth had access to the article in *The New York Times Magazine* and in the context of *The Anatomy Lesson* it is crucial to Zuckerman's search for his artist-identity. It becomes part of the young Zuckerman's way towards 'Writing'. Roth quotes Mann who calls Goethe, the protean artist, 'a miracle'. The 'real miracle' to Zuckerman is 'learning from the Good European how to speak your own tongue' (pp. 178-179). But the Goethe Mann describes in the original article is problematic and ever oscillating between 'god[like]' and 'demonic' characteristics.<sup>149</sup> The Dionysian and the Apollonian are assembled in the Goethe ideal. Mann's interpretation of the artist-self that has to be demonic and godlike opens a way for Roth to integrate *Carnovsky (Portnoy's Complaint)* as a part of Zuckerman's oeuvre, rendering him neither the 'bastard' nor the fascist. Instead, by reading Mann, Roth finds affirmation of the often problematic role of the writer in society, and with Zuckerman's voice demands the right to fiction: 'Let him speak.' (p. 225). Roth's treatment of Mann's article thus reveals the character Zuckerman as exceeding the melancholic hero he has been interpreted as. It provided Roth with a reinterpretation not only of Goethe, but also with the reintegration of his own writer's identity and that of Zuckerman. In the article Mann interprets Goethe's nihilistic reserve as the 'embrace' of 'everything' by the genius.<sup>150</sup> By alluding to the article Roth thus hints at the writer's identity which is stronger and more coherent. With the recollection of the scene, Zuckerman catches a glimpse of the unified self that might stand at the end. But before Roth lets Zuckerman get to this point two identity alternatives are explored, the pornographer and the doctor, I shall turn to these as alternatives to the writer-self.

In his imagination, Zuckerman turns Milton Appel, one of his fiercest critics, into his own alter ego, the pornographer and publisher of the fictional magazine *Lickety Split*. Milton Appel speaks carelessly. Like Dr. Spielvogel in *My Life as a Man* there is a real-life figure Roth had in mind when creating Appel. Appel is based on the critic Irving Howe who accused Roth of a 'creative vision deeply marred by vulgarity'.<sup>151</sup> Roth now gives life to this vulgarity in the character of Milton Appel. Appel is the antidote to young Zuckerman who had been blessed by Mann from his 'altar' of high literature (p. 277). Now Zuckerman impersonates his enemy the critic who himself has become a ruthless misogynist dealing in obscenity and maintaining his very own version of 'The unexamined life – the only worth living' (p. 172) where Dionysian rites reign and morality has been declared useless long ago. Appel claims: 'My magazine is a mirror and we reflect it *all*' (p. 182). Medical experiment is led ad absurdum when he tells the story of how they set out to test 'how often' his employee Horowitz 'can [...] come in 15 hours' (p. 184). Instead of the reconciliation of life and death, illness and health, Milton Appel reconciles the obscene with the decent. To him perverse is normal, sanity is madness and the

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149 Ibid., p. 38.

150 Ibid., p. 39.

151 Howe, p. 243.

horror vision is the 'nice' son 'tamed by inhibition, suppressing madness' (p. 195). Appel thus turns into the Anti-Castorp. The pornographer, who does not have to pretend to be decent but can live his fantasy, is the utopian wish of a man 'tamed' and tortured by feelings of guilt and morality. Through Milton Appel Nathan Zuckerman has created an alter ego who can defend 'moral stubbornness, the passionate otherness' against the high-ground of art and morality.<sup>152</sup> Milton Appel thus represents an emancipatory figure. Simultaneously Milton's highly restricted subject area and crude vocabulary point to an artistic dead-end.

Appel is set in contrast to Zuckerman's longing to become a doctor. The reader learns that 'He'd been studying medical books for months' (p. 144). The doctor Zuckerman imagines himself to become has little in common with the doctors he encounters on his search for pain relief and a 'new existence' (p. 187) in the first part of the novel. Where Mann portrays science as ambiguous with a Nietzschean mistrust of the 'verführerischen Ablenkungen der Wissenschaft' [the seductive distractions of the sciences] Zuckerman hails it as a way to 'life itself' (p. 103) and the essence of things where stories 'lead to a definite, useful, authoritative decision' (p. 109).<sup>153</sup> Zuckerman hopes that becoming a doctor might guide him out of an interiority that he experiences as odious 'never-ending retrospection' and help him connect with the world (p. 181). With Zuckerman's quest Roth takes recourse to a literary tradition of fashioning the author as a doctor which Mann treated in his 1955 essay 'Versuch über Schiller'. Here, Mann argues that Schiller, having mastered his sick body and become 'der Herr seiner Krankheit' [the master of his sickness], could turn into the 'Seelenarzt' [the healer] of our 'kranken Zeit' [ailing age].<sup>154</sup> The artist is fashioned as the doctor not only of a single patient but of the whole of German society which is held to be ailing from cultural sickness. And in a 1955 letter Mann suggests that Schiller may be 'das Vitamin [...], das dem Körper unserer Gesellschaft heute fehlt' [the vitamin which our society's body lacks today].<sup>155</sup> Mann marvels at the writer geniuses who are able to achieve a synthesis of opposites of 'genius and reason'.<sup>156</sup> Roth takes up the motif of the artist doctor who must suffer first in order to heal 'the ailing age' with Zuckerman's dream of becoming a doctor. In the narrative, however, Roth destabilises this promise of synthesis between the doctor/writer.

Bobby, his doctor friend from college times, whom Zuckerman visits in Chicago is introduced as a positive doctor figure who is able to slowly cure Zuckerman from his pain after his accident at the grave. Bobby's narrative is calm and based on the assumption of the technical

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152 Clive Sinclair, 'Doctor or Pornographer? Clive Sinclair Talks to Philip Roth About his New Book', in *Conversations with Philip Roth*, ed. by Searles, 188-191 (p. 190).

153 Friedrich Nietzsche, *Die Geburt der Tragödie*, III/I, p. 114; Haussmann, p. 140.

154 Thomas Mann, 'Versuch über Schiller. Zum 150. Todestag des Dichters - Seinem Andenken in Liebe gewidmet (1955)', in *Gesammelte Werke*, ed. by Mendelsohn and Bürgin, 2nd edn, IX: Reden und Aufsätze, 870-951 (p. 946).

155 Thomas Mann in a letter to Hans Reisig, 22 January 1955, in *Thomas Mann Briefe III. 1948-1955 und Nachlese*, ed. by Erika Mann, III, 371-372 (p. 371).

156 Mann, 'Goethe: 'Faust, and Mephistopheles'', p. 39.

fixability of the 'Cartesian body'.<sup>157</sup> He speaks of his wound as though it was a building site, the jaw needs 'work' and will be fixed by the 'jaw man' who was going 'to take very fine wire, drill some holes, and wire the bone together' (pp. 268-269). The body becomes the modern site where everything can be 'fixed' and even the Dionysian rites can be driven out of the patient with the correct 'pain cocktails' which taste of cherry (p. 275). Nevertheless the narrative also uncovers Bobby as the enslaved son of an overanxious Jewish father, the father of a teenage brat and the husband of a dominant wife. These motifs have already been treated in *Portnoy's Complaint* and *My Life as a Man*. The ideal doctor is thus revealed as an enslaved man.

Roth eventually destabilises the notion of synthesis further in the medical context when Zuckerman becomes the doctors' intern's intern in the hospital and the parody of a 'resident humanist' as what he is really looking for in the patients are stories. Their cure is not mentioned again as it is his own 'corpus' of books he wants to complete (p. 288). He remains the dilettante doctor. His dreamy vision of life as a 'maxillo-facial surgeon' surrounded by 'inescapably real' suffering is counterweighed by real life which supersedes these visions of purity. One day Zuckerman finds himself in the hospital corridor with his arms 'plunged' into the 'night's soiled linen' (pp. 289-290). Eventually, it is the writer's yearning for original experiences that supersedes the humanist, and the attempt to renew his relationship with the outer world. Again (and here I concur with Updike) Zuckerman is caught in 'narcissistic solipsism'. A shouted 'hey you' brings him back to reality and the narrator asserts that, with the identity of a 'man apart', the doctor vision must remain a dream (p. 291). This image links in to Mannian symbolism in *Buddenbrooks* where Jean Buddenbrook exclaims early on that 'a house divided against itself must fall' referring to the moral flaw of the father. In Zuckerman's case, it is moral incapacity that leaves him 'a man divided against himself'. Zuckerman attempts to rid himself of the interiority which he experiences as painful and put an end to 'the exalted struggle' with creativity (p. 179). The question which has arisen, however, is whether at the back of his mind Zuckerman (ergo Roth) has not placed the all-encompassing Schiller figure that Mann describes in his essay. This would suggest that, instead of getting rid of his identity as a writer, what lies at the bottom of Zuckerman's quest and what has been initiated by physical pain, is the attempt to become both the doctor and the writer, thereby reaching the kind of syncretic manhood described in his Goethe article. Thus, instead of a narrative which is characterised by negative parameters such as dissolution and excess, its foundation might be what Mann identified in Schiller and Goethe: the writer geniuses who are able to achieve a synthesis of opposites of 'genius and reason'.<sup>158</sup>

Another ambiguous moment of 'synthesis' should be mentioned here which is introduced in the graveyard scene which 'consciously parodies' *The Magic Mountain*, as

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<sup>157</sup> Leder, p. 23.

<sup>158</sup> Mann, 'Goethe: 'Faust, and Mephistopheles'', p. 39.

Christopher Lehmann-Haupt notes.<sup>159</sup> At the graveside Zuckerman suffers a 'Holy crisis'.<sup>160</sup> Having taken three Percodans he begins to hallucinate an 'airy blankness' beyond which he sees 'snow falling' thinking 'the hell with consciousness' (pp. 247-248). At Mrs Freytag's grave Zuckerman is surrounded by 'white snow whirling' (p. 262). This parallels Hans Castorp, who 'Blindlings, umhüllt von wirbelnder, weißer Nacht' [the veil of blinding white obstructed his view], works his way deeper 'ins Gleichgültig-Bedrohliche' [indifferent menace] (p. 668; Woods, pp. 571-572). This physical state is reflected in Zuckerman, too, he is 'blinded'. He has not turned into the little baby son that is torn apart. Instead, he is the opposite, the Oedipus figure, crawling towards 'the last of the fathers to be pleased' in order to 'murder' him (p. 263).

The physical state also impacts on his capacity to speak. Castorp's lips are 'lahm' [numb] and he speaks without consonants with an 'Unklarheit' [muddled state] that he fights feverishly (pp. 669-670; Woods, p. 573). The speechlessness points to Lacan's notion of the symbolic order as the realm of 'Death, of Absence and of Lack' and thus the abject looms here.<sup>161</sup> In Zuckerman's mind suddenly 'All the words were flying apart and no two seconds would hold together'. This point confirms Scarry's observation that pain robs man of language (p. 247).<sup>162</sup> Both protagonists experience a loss of speech to which the state of 'qwertyuiop' seems to apply and both are confronted with abjection. However, Zuckerman quickly finds himself entangled in an inner monologue, as did Castorp. When dreaming, Zuckerman conjures up all he has learned: pain has multiple meanings. At the graveyard Zuckerman is nearly on a level with the dead and, as Hans Castorp also was once, confronted with 'Grabesgestalt und Totenbein' [sepulchral form, dry bones] (p. 305; Woods, p. 259). He wants to be freed from his heritage as a Jew and liberate himself from the hold of the dead over him. The scene corresponds with the two women in Hans's snow dream who tear apart a baby boy, a son; while speaking the 'Volksdialekt von Hans Castorps Heimat' [his hometown dialect] (p. 683; Woods, p. 585). Nathan, too, is the son who desires freedom from heritage and consequently from guilt and 'poena'. In Hans's case an experience of abjection could be identified in Section Three and this notion is also taken up by Roth when he lets the scene amount to an 'oral catastrophe'. Both protagonists are confronted with their 'materiality' and have to work through the experience in order to gain a properly *sentimentalisch* perspective. Hans Castorp is eventually able to process the early deaths of his father and grandfather realising that one needs to accept death but not grant it power over the living. Zuckerman demands to be freed and 'murder' the fathers to re-erect the boundaries of individuality (p. 263). He now demands the 'Gränze zwischen Subject und Objekt' that had been undermined with the appearance of Zuckerman's mother's ghost to be re-erected.<sup>163</sup> Both narratives share the desire for liberation from tradition and heritage. As

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159 In his article Lehmann-Haupt does not elaborate on this notion further. Christopher Lehmann-Haupt, 'Books of the Times', *The New York Times*, 19 October 1983, p. 26.

160 Updike, p. 372.

161 Evans, p. 202.

162 Scarry, p. 4.

163 Arthur Schopenhauer, *Parerga und Paralipomena*, V/I, p. 322.

does Mann in *The Magic Mountain* Roth suggests bodily disorder as tied directly to the brain and functioning as an aphrodisiac in the imagination of the apocalypse (p. 680; Woods, p. 657). They emphasise the chaos quality of illness and 'life's fundamental contingency'.<sup>164</sup> Bodily disorder is depicted as having an uncontrollable impact on the imagination, letting the brain conjure up scenes standing outside the cultural norm. Roth now contrives to smash Zuckerman's babbling mouth. With this 'oral catastrophe' the solipsism of the novel seems confirmed in that Zuckerman is once again stranded in his own disorderly body and is reduced 'to a mortal lump of flesh'.<sup>165</sup> The Mannian dialectic of life and death and the glimpse of the all encompassing humanism Hans receives in the dream, is met with an act of violation against the self in *The Anatomy Lesson*. Like Gustav von Aschenbach, he is swallowed up by the collective and tied to a destructive, unconscious, Schopenhauerian will. Nevertheless, at the end of the novel, similar to the omniscient perspective in *The Magic Mountain*, the narrator takes on a bird's-eye perspective on his unknowing character. When the narrator tells the reader that Zuckerman still believes that he could 'unchain' himself from the corpus that was his, both reader and narrator know that the lesson in anatomy brought to him by bodily disorder results in the return to his writer's identity and to completing the 'corpus' of his oeuvre.<sup>166</sup> The writer who had been separated from the world and who has separated his body from his mind can now fill the void with meaning again. The grave scene has created a kind of tabula rasa, it is a new pain and a self freed from the past that emerges from 'the oral catastrophe'. The writer is tied to the 'corpus' which the *OED* defines as 'the body of man'; 'a complete collection of writings' or 'the concrete evidence of a crime'. All three definitions hold true for a narrative that explores artist-identity through 'poena', arriving at the conclusion that writing, pain, and the body are closely tied together in an artist's life that is out of balance and moving towards a turning-point. Such material provides the author, Roth, with a new source for creative self-exploration. He has now found 'un objet symbolique indépendant': the body in disorder.<sup>167</sup>

#### 4.5 Conclusion: getting to know the self through the disordered body

At the end of this analysis I want to turn to what could have been its very beginning; the title of the book. With *The Anatomy Lesson* Roth has chosen a title laden with tradition. The famous painting by Rembrandt van Rijn entitled *The Anatomy Lesson of Dr. Nicolaes Tulp* cannot be overlooked as a possible source, and its analysis will help summarise central aspects of the role of the medical in the novel. In his 1632 painting Rembrandt depicts a historical scene in an anatomy theatre. Dr. Nicolaes Tulp, surrounded by colleagues and students, dissects a corpse's arm. By turning to the arm first he has departed from the usual order of dissection which would

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164 Frank, *The Wounded Storyteller*, p. 102.

165 Shostak, *Philip Roth – Countertexts, Counterlives*, p. 45.

166 Art. 'corpus', *OED* <<http://www.oed.com/view/Entry/41873?redirectedFrom=corpus#eid>> [accessed 4 September 2012].

167 Kristeva, *Soleil Noir*, p. 173.

traditionally start with the chest and abdomen, only one of several abnormalities in the painting.<sup>168</sup> As William Dyrness argues convincingly, this detail indicates a metaphysical dimension of the scene. The fact that Norbert Middelkoop points out that ‘the dissection itself was often preceded by a moralistic preamble’ in which it was explained that ‘the science of anatomy was a path towards knowledge of God’ confirms the notion of Zuckerman’s journey as being of both a moral and epistemological nature.<sup>169</sup> Furthermore, within seventeenth-century culture the hand was perceived as one of the preferred organs to demonstrate ‘God’s manifestation in the human body’. Dyrness deducts from this that at the centre of this medical scene stands the notion of coming ‘to know oneself’ through the medical practice of dissection.<sup>170</sup> Laqueur has taken up this notion in his concept of the humanitarian narrative and Roth reflects this in Zuckerman’s quest which leads him towards studying medicine.

For the artist Zuckerman, the dissected arm also represents another tradition which relates to Goethe’s character Wilhelm Meister. Whilst dissecting a lady’s arm Wilhelm discovers his ‘Sympathie mit dem organischen Leben’ [sympathy with organic life].<sup>171</sup> The artist defined here needs to know about the body like a scientist and can only then become the Olympian. Like Hans Castorp, Zuckerman attempts to go down this path of knowledge paired with humanism. However, Roth, like Mann, subverts this ideal with irony. According to the painting both the realisation of one’s mortality (expressed through the topmost figure pointing at the corpse), and a greater capacity to be disturbed, is essential to the knowledge of the human self. The symbolic meaning of the hand and the acceptance of mortality through medical knowledge are two links to Mann’s illness mythology, as in his snow dream Hans Castorp has a similar insight. The love for man as a suffering and mortal creature that overcomes Castorp only reaches Zuckerman in the form of an interest in the patients around him. But Roth first implants a notion of an all-encompassing humanism in the novel, which, with the next book (*Patrimony*) set in the realm of bodily disorder, he will expand more fully.

In accordance with the painting, both authors suggest that the spectator of *The Anatomy Lesson* advances and broadens his sense of self tied to the consciousness of death. Yet, there is another interesting link if one conceives of the figure Zuckerman as the corpse dissected in the scene. The arm in the picture belongs to the convicted criminal who had been hanged earlier that day convicted of armed robbery. A thief is being dissected in the painting. This reflects one of Roth’s central concerns in the narrative: is the writer a thief and does he have to be punished for his ‘robbery’ of people’s life stories? The points made in the case of the painting serve to underline central conclusions about Roth’s interpretation of *The Anatomy Lesson*. Bodily disorder has become a new source of self-interpretation and Roth has incorporated the ideas

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168 William A. Dyrness, *Reformed Theology and Visual Culture: The Protestant Imagination from Calvin to Edwards* (Cambridge: Cambridge University Press, 2004), p. 211.

169 Norbert Middelkoop, *Rembrandt Under the Scalpel The Anatomy Lesson of Dr. Nicolaes Tulp Dissected* (Amsterdam: Six Art Promotion/Mauritshuis The Hague, 1998), p. 239.

170 Dyrness, p. 212.

171 Thomas Mann, ‘Goethe und Tolstoi’, IX, p. 147.



pointed out above in Zuckerman's quest to 'get to know himself' and enhance a *sentimentalisch* consciousness. The analysis has made it possible to decipher how Roth uses Mann as inspiration and as a direct source for his narrative. The position of the writer as precarious within society is a strong link in both their writings. In the best Mannian fashion Roth satirizes the medical profession as well as the medical source material.

With the analysis of the three narratives from this early period of Roth's writing, the centrality of Mann's perspective for Roth is revealed through concrete examples of literary appropriation. Roth's protagonists take on Mannian possibilities to negotiate the relationship between the self and art. With the case of Novotny, two crucial themes through which Roth negotiates art could be identified for the early period: medicine and psychoanalysis. As in Mann's work, illness is often linked to imbalance and moral flaw. From the nihilism of the insecure Novotny who as an anti-Castorpien figure takes flight into regression and domesticity, the analysis of *My Life as a Man* has brought to the fore the artist who is determined to find a description of the self and express the *sentimentalisch* consciousness. Through psychoanalysis Roth tells us about his relationship with Mann and imbues Peter Tarnopol with a greater capacity to be disturbed. From the psychoanalytic exploration of the self of Peter Tarnopol, Roth then turns to the middle-aged artist Zuckerman in *The Anatomy Lesson* as he searches for a new description of the self through medicine. As I have demonstrated, eighteenth and nineteenth century German thought proved essential in negotiating the artist-self. Roth's heroes Tarnopol and Zuckerman are marked by the electric tension between Dionysian and Apollonian forces represented in their books, *A Jewish Father* and *Carnovsky*. Zuckerman wonders whether he can ever overcome *Carnovsky* and, more importantly, the 'poena' attached to it. But 'poena' in the form of physical pain has simultaneously been revealed as a crucial source of creativity for the writer. Roth emerges here as a writer who does not simply provide realistic descriptions of illness, but much rather illness *mythologies*. Pain oscillates between being the obstacle to art and its incentive. Zuckerman interprets it as mythical and simultaneously wants to reduce it to the literal 'qwertyuiop'. The pain thus attains a twofold role. It defies meaning and presents Zuckerman as a 'mortal lump of flesh caught in solipsism'.<sup>172</sup> In this, Roth takes further Mann's satirizing stance towards the disordered body. But eventually the physical tabula rasa in the form of a smashed mouth brings a moment of insight for Zuckerman and takes him a step closer to the 'Zustand der Freiheit' [state of freedom], as presented in Hans Castorp's case.<sup>173</sup> Working through abjection brings the *sentimentalisch* perspective. The 'corpus' becomes the site of meaning and identity is described in terms of the body. Furthermore, the body represents the possibility to reconnect with the outer world. As in Mann's fiction, the body remains, however, ambiguous and contested. High art as the way out stands challenged but as the writing clinic it becomes a new source for Roth's creativity.

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172 Shostak, *Philip Roth – Countertexts, Counterlives*, p. 45.

173 Friedrich Schiller, 'Über naive und sentimentalische Dichtung', XX, pp. 33-34.

I conceive of *The Anatomy Lesson* as Roth's experiment with the voice he has found since *Portnoy's Complaint* and *My Life as a Man*. It is grounded in the psychoanalytic worldview with which *The Anatomy Lesson* eventually arrives at 'the corpus' where medical detail has become an essential prerequisite to describe the world. The examples in this chapter have shown that Roth's appreciation of Mann is twofold. Roth is committed to the Mannian perspective on illness and art. Simultaneously, Roth parodies Mann and all high-minded seriousness that comes with this nineteenth-century German writer. Roth questions the image of the physically afflicted writer who will rescue the age. The consideration of Mann's illness mythology has elucidated Roth's complex reworking of his 'home', the body, through his characters, while also revealing the creative possibilities that lie within the writer's 'corpus' in the early and middle work.<sup>174</sup> With *Patrimony*, the memoir I shall consider next, the issue of sympathy and humanitarian action is taken further.

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<sup>174</sup> Brent, p. 140.

## V. 'I'm a Medical Enigma' - The Mannian Perspective on Illness in Philip Roth's Late Works (pp. 170- 207)

### 5.1 *Patrimony* – 'thinking and feeling in new ways'

Part Five of this thesis seeks to investigate how Philip Roth's later writing comes to increasingly rely on illness as a way 'to tell the story of a man's life', as grounded in the Mannian perspective on illness. In this chapter I consider vital episodes in Mann that Roth represents in his autobiographical account of his father's brain tumor and death in *Patrimony* (1999) and two of the four novels of Roth's Nemesis cycle: *Everyman* (2007) and *Nemesis* (2010).<sup>1</sup>

In the following discussion on *Patrimony* I will show how Roth extends his fictional exploration of illness with a humanist view moving from *Buddenbrooks* to *The Magic Mountain*. I conceive of Roth's memoir as reflecting the precious moments when Hans Castorp is still under the influence of the snow dream: at this point it is possible for him to engage in an all encompassing humanism and develop a consciousness of death. As Ritchie Robertson observes with 'the People of the sun', Mann offers a model of civilization that 'neither denies death [...] nor submits to it'.<sup>2</sup> Mann's notion that life and death are one seems to have inspired Roth in writing this compassionate portrait, which also marks the rebirth of the writer Philip Roth, culminating in a decade of 'robust, vital novels' as Mark Shechner has pointed out.<sup>3</sup> As one of the few pieces of life-writing by Roth, *Patrimony* has been discussed exhaustively in its role as (auto)biographical work and plenty of investigations into 'the myth of non-fictional transparency' in *Patrimony* have been undertaken.<sup>4</sup> Nancy Miller, John Eakin, and David Gooblar have engaged with the ethical dilemmas of life writing the book touches upon.<sup>5</sup> Next to these very differentiated appraisals of the memoir, Roth's choice of the autobiographical mode has also been subject to harsh criticism. Carol Iannone, for example, called Roth 'a threshing machine that someone forgot to turn off' due to the fact that he recounts intimate scenes of his father's last year.<sup>6</sup> But *Patrimony* has also been hailed as 'the definitive twentieth-century fiction on the condition of being a son' by Benjamin Hedin and a recent investigation by Andrew Gordon links two second and third generation Jewish American sons' portraits of their

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1 Derek Parker Royal, 'Plotting a Way Home. The Jewish American Novel', in *A Companion to the American Novel*, ed. by Alfred Bendixen (Oxford: Blackwell, 2012), 241-258 (p. 252).

2 Robertson, 'Primitivism and Psychology', p. 88.

3 Shechner, *Up Society's Ass, Copper!*, p. 131.

4 For another work of autobiographical quality by Roth, Philip Roth, *The Facts: A Novelist's Autobiography*, 10th edn (London: Vintage, 2007).

5 Nancy Miller, *Bequest And Betrayal: Memoirs of a Parent's Death* (Oxford: Oxford University Press, 1996);

David Gooblar, 'The Truth Hurts: The Ethics of Philip Roth's 'Autobiographical Books'', *Journal of Modern Literature*, 32/1 (2008), 33-53 (p. 34);

Eakin, *The Ethics of Life-Writing* (New York: Cornell University Press, 2004).

6 Iannone, p.133; in his 1995 paper Edmund Erde transfers the concern with ethical questions to a medical level referring to the story's 'failures to respect rights' of the patient on both the doctors' sides and the relative's. Edmund Erde, 'Philip Roth's *Patrimony*: Narrative and Ethics in a Case Study', *Theoretical Medicine*, 16 (1995), 239-252 (p. 241).

fathers as Art Spiegelman's depiction of his father in *Maus* and *Patrimony*.<sup>7</sup> Hedin claims that in *Patrimony* Roth, as we know him, is in 'a temporary exile'.<sup>8</sup> Indeed *Patrimony* stands out in Roth's oeuvre in that it leaves aside 'self-consciousness', as Mark Shechner argues. In my investigation of the role of medical detail in the narrative, I detect a new way of depicting the self and the 'other' in Roth's work which is expressed through medical detail and the autobiographical mode. According to Shechner, Roth has written 'a refreshingly nineteenth century kind of book' which in its 'strictness of consciousness [...] recalls Victorian discourses on blood, destiny, duty, and character'.<sup>9</sup> Shechner's observation indicates how much Roth's approach to his father's illness owes to modernism and high modernism, which raises the question of Thomas Mann's role. I conceive of *Patrimony* as a narrative that grounds 'humanitarian sensibility' in the body which links it to the medical case history. In both, the case narrative and the novel, the reader is asked 'to feel vicariously through' the body of the patient.<sup>10</sup> Kay Souter confirms this notion in her appraisal of disease as existing 'in the realm of the interpersonal' through which she challenges the concept of 'the monocausal disease'.<sup>11</sup> Roth takes this notion seriously and extends it to the writer self as the biographer's body eventually merges with the body of the protagonist, Herman Roth. This supports Laqueur's argument that with the emergence of the autopsy report, the medical case history and the novel 'some people have begun thinking and feeling in new ways'.<sup>12</sup> *Patrimony* marks this point within Philip Roth's oeuvre: 'Philip Roth' is different from Nathan Zuckerman, David Allan Kepesh, Alexander Portnoy, 'Everyman', and Eugene Cantor. With *Patrimony*, the son has written a dialogical autobiography in which he lets the father's illness destabilise his own narrative. The cases of father and son hint at a destabilised symbol-sign relationship. Nevertheless, in this particular work Roth affirms the humane effects of bodily disorder on the level of the characters. Arthur Frank has pointed out that good illness narratives acknowledge alterity without 'minimizing' it.<sup>13</sup> The son's 'detailed description of the body' of his father in *Patrimony*, has led to a narrative that lies outside solipsism and has allowed Roth 'to bridge the gap' between the writer-self and the 'other'.<sup>14</sup> *Patrimony* alludes to the Mannian notion of shared body consciousness as developed in *Buddenbrooks*, where the failure of the *sentimentalisch* willpower in the form of illness always looms. 'Philip Roth', however, overcomes the desperate struggle of the sons against physical and mental decline in Lübeck.

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7 Benjamin Hedin, 'The Measure of All Things: *Patrimony*', in *Philip Roth. New Perspectives on an American Author*, ed. by Derek Parker Royal (Westport: Praeger, 2005), 143-151 (p. 143); Andrew Gordon, 'Philip Roth's *Patrimony* and Art Spiegelman's *Maus*: Jewish Sons Remembering Their Fathers', *Philip Roth Studies* 1 (2005), 53-68.

8 Hedin, 'The Measure of All Things: *Patrimony*', p. 150.

9 Shechner, *Up Society's Ass, Copper*, p. 127.

10 Laqueur, pp. 182-183.

11 Souter, p. 38.

12 Laqueur, p. 200.

13 Arthur Frank, 'Dialogical Autobiography' <<http://people.ucalgary.ca/~frank/Dauto.html>> [accessed 17 December 2012].

14 Laqueur, p. 201.

The experience of the father's and his own illness has an emancipatory effect for the son and affirms his *sentimentalisch* consciousness. Hence next to the notion of illness as vicarious Roth, presents a Hans Castorp-like learning process the disordered bodies initiate.

The medical material Philip Roth draws on in his memoir mostly consists of his own conversations with doctors and surgeons as well as visual medical material such as the MRI scan of the father's brain, for example. Hence the parameters in which medical material features are slightly different here. As the narrative relies on oral sources, I will put less emphasis on the medical research Roth has done and focus mainly on what the text offers in its medical encounters: the visual experience of seeing the father's brain on the MRI scan, the ethical dimension of Philip's decision on whether or not to let his 86-year-old father undergo brain surgery, and the notion of vicarious living as an interpersonal event as developed by Thomas Mann. Despite the fact that medical diagnosis has advanced very far, curious and mysterious aspects of illness and once again the impotence of positivism, play a crucial role in the investigation of bodies in disorder.

Philip Roth tells the story of his father's illness in what Harry Sullivan coined 'me-you patterns'.<sup>15</sup> One of the first associations Philip has when he talks about the newly arisen symptoms his father suffers from is Sender Roth, the grandfather, who 'had been crippled by a stroke back in the early 1940s' and 'lingered for almost a year'. Roth immediately remembers his father's words 'I don't want to go the way he did. [...] That's my worst fear.'<sup>16</sup> The contextualisation of illness and the father's fear contrasts with the radiologist's report: 'There is significant posterior displacement and compression of the pons and right cerebellar peduncle by this mass' (pp. 16-17). The technical language that refers to 'destruction' and 'displacement' leaves Philip confused. He expresses his horror as he finds his father 'gruesomely transformed' and his awe at the sight of 'a mystery scarcely short of divine, the brain' when looking at the scan (p. 17). With his language, Roth assumes Mann's subversion of the notion of the body as 'manageable machine' through the curious spectacle he creates in the *Berghof* laboratory.<sup>17</sup> Like Hans Castorp when looking at the X-ray of Joachim's skeleton, Philip now finds himself confronted with the abject through the MRI scan of his father's brain. With the MRI scan the author integrates into the narrative a situation resembling Lacan's mirror stage where the child recognizes itself as separate entity and feels the loss. There is the sense that the symbolic order has found new resources in the realm of signification. Philip is plunged into the abject looking at the pre-paternal imaginary which involves losing the security that came with the symbolic order and the very concept of Father is disintegrated. The scan castrates Herman, and, by extension Philip, shattering his narcissism. Unlike the X-ray of Mme Chauchat's chest that Hans Castorp cherishes and carries around with him, medical imagery has an openly disturbing effect

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15 Souter, p. 36.

16 Philip Roth, *Patrimony* (London: Vintage, 1999), pp. 10-11. All further references to this book are given after quotation in the text.

17 Albury, 'Ideas of Life and Death', p. 266.

on Philip. Confronted with the ‘otherness’ of the corpse, Philip reacts with horror. He feels ‘depressed about [the father’s] illness’ (p. 15).

In epistemological terms the effect of the MRI image is paradoxical. The moment of deepest depression also brings insight: ‘Un effect accablant et lucide impose l’inéluctable de la mort qui est la mort de l’aimée et de soi-même identifié avec la disparue’ as Julia Kristeva pointed out.<sup>18</sup> Philip initially admits ‘I had seen my father’s brain, and everything and nothing was revealed’ (p. 17). In its disturbing effect, medical detail links in with Novotny’s and Hans Castorp’s experience. After reading his science books Hans resigns ‘dem Leben schien es verwehrt sich selbst zu begreifen’ [it seemed that life was prohibited from understanding itself] (p. 391; Woods, p. 334.). Novotny eventually gives in to nihilism at the end of his time in the Army ‘whatever anybody chose to call him didn’t really mean a thing’ (p. 280). In *Patrimony*, too, the signifier signified relationship is presented as deeply destabilised. When Philip wakes at four in the morning the sight of the MRI scan makes him ‘speechless’ (p. 130). Lacan holds that ‘the symbolic is essentially a linguistic dimension’, hence, with the loss of language the notion of the imaginary comes to the fore more prominently.<sup>19</sup> In the imaginary act of identifying his own body with the body of the father, the ‘hypnotic effect’ of the image turns out to be ‘seductive and disabling’ and ‘imprisons the subject in a series of static fixations’ (p. 83). With Philip’s speechlessness comes to light Lacan’s notion of the symbolic order as the realm of ‘Death, of Absence and of Lack’.<sup>20</sup> He is exposed to the abject with the scan and relates himself to Shakespeare’s Hamlet: ‘Had it been the MRI of Yorick’s brain that Hamlet had been looking at, even he might have been speechless’ (p. 130). Here Roth alludes to Shakespeare’s play:

Alas, poor Yorick! I knew him, Horatio; a fellow of infinite jest, of most excellent fancy; he hath borne me on his back a thousand times; and now, how abhorred in my imagination it is! My gorge rises at it. Here hung those lips that I have kissed I know not how oft. Where be your gibes now? Your gambols? Your songs? Your flashes of merriment, that were wont to set the table on a roar?<sup>21</sup>

The sight of the skull renders Hamlet’s ‘imagination abhorred’ and yet Hamlet retains language and is able to integrate the sight into what he knows about death. Roth points to the difference between Philip and Hamlet here. By alluding to this scene, Roth shows that modern science indeed produces images that cannot be integrated by the individual. Roth emphasises that the abject quality of the brain scan is more powerful than that of Yorick’s skull. Seeing the father’s brain is a scorching, alienating experience which sets Philip apart from Hamlet, who is

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<sup>18</sup> Kristeva, *Soleil Noir*, pp. 162-163.

<sup>19</sup> Dylan Evans, *An Introductory Dictionary of Lacanian Psychoanalysis* (London/New York: Routledge, 1996), p. 201.

<sup>20</sup> Ibid., p. 202.

<sup>21</sup> William Shakespeare, *The Works of Shakespeare*, ed. by William J. Craig, 18 vols (London: Methuen and Co., 1905), I: *The Tragedy of Hamlet*, ed. by Richard Dowden, p. 196.

conversely able to mourn and scold the vile effects of death. Instead Philip is at a loss of both knowledge and speech at this point. However, next to revealing the threatening effects of the positivist gaze, the MRI also triggers the urge to overcome isolation and reach out to his father. The father's failing body, visually enhanced through the MRI scan, opens up the 'analytische Grube' [analytical pit] as in *The Magic Mountain* (p. 315; Woods, p. 268). Philip's 'speechlessness' could also be interpreted as an interruption of language typical for depression, as Julia Kristeva observes when she writes on the manner of speaking of the depressed in *Soleil Noir* that 'la phrase s'interrompt, s'épuise, s'arrête'.<sup>22</sup> Philip overcomes his temporary melancholy by embarking on writing the portrait of his father, which in its degree of compassion and sympathy, has singular status in his work. As Kristeva pointed out in the case of the poet Nerval:

Le triomphe sur la mélancolie est tout autant dans la constitution d'une famille symbolique (ancêtre, personnage mythique, communauté ésotérique), que dans la construction d'un objet symbolique indépendant: le sonnet.<sup>23</sup>

Hence with *Patrimony* Roth construes an independent symbolic object that enables him to overcome melancholy when confronted with both his father's, and consequently his own, death. Roth here vindicates the *sentimentalisch* consciousness as Philip is now capable of

einen mangelhaften Gegenstand aus sich selbst heraus zu ergänzen und sich durch eigene Macht aus seinem begrenzten Zustand in einen Zustand der Freiheit [das Ideal] zu versetzen.

[rendering complete some defective subject matter, taken from himself, and by his own might transporting himself from a limited condition to a condition of freedom]<sup>24</sup>

Having taken into account one of Philip's initial responses to the father's illness, as a second step I want to turn to Philip's delivery of the diagnosis to his father having been the one to directly communicate with the neurosurgeon so far in the narrative. Philip relies on a restitution narrative when he tells his father that 'it's not cancer.' He explains to him that his tumor is 'pressing on the facial nerve, and that's what's caused the paralysis.' Then he adds 'But it's not malignant, and it's operable' (pp. 66-67). His illness discourse bears resemblance to Thomas Buddenbrook's discourse when he tells his family about his mother's condition 'dieser dumme Husten [hat] natürlich die Lunge ein bißchen angegriffen' [The wretched cough is responsible for you lying here. The lung is of course slightly affected] (p. 559; Woods, p. 554). Thomas belittles the symptoms so that medicine seems mighty enough to provide cure.

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<sup>22</sup> Kristeva, *Soleil Noir*, p. 45.

<sup>23</sup> Ibid., p. 173.

<sup>24</sup> Friedrich Schiller, 'Über naive und sentimentalische Dichtung', XX, p. 477. Dahlstrom, p. 235.

Philip, too, applies the ‘language of survival’ when he tells Herman “‘You have a serious problem [...] but it can be dealt with’”.<sup>25</sup> This reflects the modern phenomenon Baumann pointed out, ‘mortality’ is cast as a ‘curable disease’.<sup>26</sup> Philip is connected to his own father in his ‘evasiveness’, as he did not tell the son about the mother’s death *and* to Thomas Buddenbrook who consciously embarks on destabilising the the reading of symptoms (p. 66). Whilst giving the account Philip critically reflects on the information he is withholding in regards to the size and the position of the tumor. ‘Two minutes and I had learned to talk like a surgeon’, he admits. Like Thomas Buddenbrook Philip avoids outlining what the negative ‘further’ outcome may be of both surgery and tumor if left unoperated (pp. 66-67). At this point the restitution narrative is the way ‘Philip Roth’ and Thomas Buddenbrook deliver clinical diagnoses to the family. Both narratives meet contingency with a restitution discourse on illness that accounts for what otherwise cannot be subsumed within the system of diagnosis.

After falling completely silent once Philip has delivered the diagnosis, Herman Roth begins to talk again taking recourse to the family history of illnesses. He recounts his own appendectomy in 1944 which he only survived ‘against heavy odds’, and recalls how Philip ‘nearly died of a burst appendix’ in 1968. He then goes back to Philip’s hernia operation in 1942 when he told the doctors ‘If there is something wrong with him, I want it fixed’ (pp. 69-70) displaying a view of the body as machine-like. Philip’s birth and his uncle’s death are mentioned as Herman goes ‘on and on, remembering the illnesses, the operations, the fevers, the transfusions, the recoveries, the comas, the vigils, the deaths, the burials’ his mind ‘working [...] to connect his brain tumor to a larger history’ in order to secure his status as ‘a member of a clan whose trials he knew’, as the son observes. At this point his narrative is thus founded on a contradiction, the perception of the body as a machine and the telling of illness as an interpersonal event. In his configuration of illness as intergenerational experience, Herman Roth resorts to a mode of contextualising illness that Mann had previously applied in *Buddenbrooks* (pp. 70-71). The way Herman draws a family chronology of illness bears distinct resemblance to the *Familienmappe*, the central family document in *Buddenbrooks* and a crucial record of illness.

As shown in Part Two of this thesis, in the *Familienmappe* illnesses are treated as evidence of God’s blessing and the strong family heritage. Both Herman’s oral account and the *Familienmappe* deliver case histories of medical phenomena which cannot easily be subsumed within the system. In *Buddenbrooks* the *Familienmappe* presents very much a relic of the past, a different kind of chronicle from the one presented by the narrator, where godliness, the trust in the good fortunes of the family and the unambiguity of the sign still reign. In *Patrimony*, too, the monolithic self of the paternal generation meets the postmodern conscience of the son who admits in the face of the shattering diagnosis: ‘I couldn’t find *any* context’ (p. 71). The abyss

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<sup>25</sup> Bauman, p. 130.

<sup>26</sup> Ibid., p. 140.



between the father generation and the son generation is revealed here. However, like Johan the elder, who is the author of what his son Thomas read in the *Familienmappe*, Philip realises that his father is the founder of a distinct narrative tradition he finds himself in – a way of telling ‘the vernacular’ (p. 181). Furthermore, a tradition of feeling vicariously through the other’s body is initiated by Herman when Philip quotes a letter by him in which he told the son ‘I am a doer.’ claiming that ‘I felt the pain of both [Philip and his mother]’ (p. 81). The relational concept of illness thus supersedes the technical view of the body here. This also makes the notion of the juxtaposed generations less sharp than what Elaine Kauvar implies when she calls it a ‘collision’ of the son’s ‘metaphoric self [...] with the father’s ‘monolithic self’.<sup>27</sup> Philip and his father instead share a sense of the suffering self as embedded in relationships with others, as my analysis of Philip’s own illness experience will show. Another link to *Buddenbrooks* is the fact that Herman Roth’s attempt to ‘manage to domesticate his terror’ is of a geographical nature (p. 70). Despite the obvious differences between the affluent merchant town of Lübeck at the end of the nineteenth century and the immigrant hub Newark New Jersey in the 1990s, I want to take a closer look at the two cities for a reason: the Roth family body is embedded into the geography of Newark not unlike the Buddenbrooks are in Lübeck and the *Fischergrube*. In *Buddenbrooks* the Lübeck city alleys are depicted in decline as the grass grows within the ‘schlechte Pflaster’ [cracked cobblestones] (pp. 43-44; Woods, p. 38). Like the city, the family fights dissolution and Thomas Buddenbrook tries to cover up his failing health and weakening strength. His death is closely related to Lübeck. After a visit to the dentist’s Thomas falls to the ground on his way home. The streets of Lübeck seem to devour him as he is almost dying a public death before being taken to the family home. Like Thomas Buddenbrook’s body Herman’s Roth’s body is linked to his hometown Newark. Philip associates ‘the ruins of Newark’ (p. 116) with the ruin of Herman’s aged face that ‘was no longer his’:

the lower lid of the bad eye bagged downward [...] the cheek [...] had gone slack and lifeless as though beneath the bone had been filleted, and his lips were no longer straight but drawn down diagonally across his face. (p. 10)

Like the city, he has suffered a loss of identity and now looks like ‘nobody’. The amalgamation of the father’s body with the hometown also points to the motif of the willpower. The place where Thomas falls stands in stark contrast to the introductory scene in the ‘Landschaftszimmer’ and its stylized pastoral which opens up the novel (p. 12). Mann connects the growing interiority within the family with an increasing weakness of his willpower that finds representation in Hanno. This weakening will is mirrored in the city of Lübeck, eventually resulting in the loss of the family home within the city walls. Like Thomas Buddenbrook,

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<sup>27</sup> Elaine Kauvar, ‘This Doubly Reflected Communication: Philip Roth’s “Autobiographies”’, *Contemporary Literature*, 36/3 (1995), 412-446 (p. 430).

Herman Roth is characterised by his 'granite will' which also manifests itself in his attempt to remain the interpretive authority over Newark. Philip admires the father for that and, analogously to Hanno, represents the developing artistic propensities in the family and a growing *sentimentalisch* consciousness. In Roth's narrative, the city of Newark turns into a resourceful place, however. To Herman, the narrative of Newark soothes and puts into context his own fate and Philip himself is able to convert the experience of physical suffering into art. Both narratives share the fear that the emancipation of the sons from the fathers will bring what has been foreboded in *Buddenbrooks*: 'a house divided against itself will fall' (p. 50; Woods, p. 44). Philip's thought 'poor, poor, poor old Newark' when driving through reflects these ambiguous feelings in relation to the emancipation from the fathers and from 'their' immigrant enclave called Newark (p. 124). However, other than in *Buddenbrooks* it is not a moral mistake committed by the great-grandfather generation that induces change, but the vitality of the third generation of Jewish American sons. Philip thus resembles Hanno Buddenbrook but eventually comes to present the fully formed authorial self which makes *Patrimony* a profoundly more optimistic generational portrait than *Buddenbrooks*. Roth attests to the separation but shows that Philip is able to integrate both the 'abyss' that Gordon asserted between the generations created by his success, and a 'sense of merging' with the father as a foundation for his identity (p. 160). The paradoxical notion of his conflicting motivations for writing in order to remember Newark and the father on the one hand, *and* writing to overcome them on the other, both do not prevent the son from striving towards the realisation of the project. As Miller writes, autobiography is the 'journey into a singular public identity: leaving home, becoming a writer'.<sup>28</sup> In *Patrimony*, Roth reinterprets Mann's ambiguous notion of the authorial self: high-minded seriousness is affirmed and, simultaneously, threatened by the *sentimentalisch* mind in the narrative.

Philip Roth enhances the sense of Herman as archetypal father figure through the psychoanalytic paradigm, recalling the anecdote of 'the parricidal driver' who brought him to hospital before his father's biopsy (p. 161). The taxi-driver told him how he hit his own father who was 'a shit-heel' (p. 156). The trope of the aspiring doctor is continued from Nathan Zuckerman in *The Anatomy Lesson*, when Philip pretends to be a doctor after the driver asks him 'You a doctor?' Consequently, the taxi driver tells him about his difficult relationship with his father. When exiting the cab Philip thinks 'He is of the primal horde of sons, who [...] have it in them to nullify the father by force [...] And I'm from the horde that can't throw a punch' (p. 159). Once again the topic of parricide is brought up, but unlike in *The Anatomy Lesson*, immediately turned into a paradoxical feeling when Philip recalls a 'sense of merging' with the father in his first years of college (pp. 159-160). Simultaneously the son demands to be freed from this father and cannot help but envy the physical aggression the taxi-driver is able to exert. The aggressive wish is not granted at this point.

In the days following the biopsy Philip looks after his father; his care culminates in the

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28 Miller, p. 39. This mirrors Mann's later essay 'A Sketch of My Life'.

scene that gives the book its title and which has been discussed by every single critic of *Patrimony*: Herman Roth loses control over his bowels and his son Philip has to clean up the bathroom afterwards. This scene has often served as a reference point for discussions on ethical standards in life-writing. It has been hailed as unique in its ‘simplicity’ and ‘dignity’ and scolded as Roth’s ‘biggest mistake’ full of ‘manic force’ that unnecessarily drags the reader into ‘cloacal horror’.<sup>29</sup> I follow Paul John Eakin in conceiving of the scene as ambiguous as while Philip commits an aggressive act by revealing his father’s intimate life and thereby serving voyeuristic ends, it is also the most intense portrayal of love in Roth’s work. Philip Roth overwhelms the reader with physical detail in this scene when he writes ‘The shit was everywhere’. It is the son who has to restore order and cleanliness now (p. 172). He concludes that ‘once you sidestep disgust and ignore nausea and lunge past those phobias that are fortified like taboos, there’s an awful lot of life to cherish’ (p. 175). Like the educated grown-up Hans with his gaze widened from detail in the form of the ‘fleischigen Gebilde’, he turns from details to the bigger questions, the patrimony in the form of ‘the shit’ which Philip concludes is ‘not symbolic, but is instead ‘lived reality’ (pp. 175-176). An interpretation which to the reader seems only half convincing as the scene itself is highly charged on a symbolical level. It proves to be yet another attempt by Philip Roth to deny the body symbolism on the level of the characters whilst simultaneously creating a scene that stands for the father-son relationship and thus again granting the realm of metaphor a crucial position in his narrative. The detailed account of the father’s bathroom accident alludes to the curious nature of the medical case history. With Philip the author depicts a Castorp-like figure in that medical detail allows Philip, who also bears character traits of the narcissistic artist-self, ‘to bridge the gap’ between himself and the ‘other,’ ‘between fact and action’.<sup>30</sup> Once more medical detail inhabits a twofold role as it contributes ‘to the human comprehension of death’ and to ‘a firm grasp of the whole living world’.<sup>31</sup> Departing from the depiction of the father caught in an ‘isolated [...] escape proof enclosure’ Philip arrives at a strengthened ‘relational concept of identity’.<sup>32</sup> Instead of shame and distance, this scene makes tangible the connectedness between father and son. Despite the fact that Philip Roth denies the symbolic force of the body in the context of his book, the scene, however, takes on a highly symbolic position and thus affirms the position of Thomas Mann in Roth’s work. But I also conceive of this scene as Roth’s attempt to break free as a writer. With his aggressive authorial act Roth does not only play with ethical questions of life-writing, he also challenges the high-minded tradition of the Mannian view on bodily disorder.

The analysis of Herman Roth’s case has brought to the fore a medical case history embedded in an ambiguous notion of family tradition, heritage, and epistemology that can be linked to Mann’s work. Medical advances create ethical dilemmas for Philip though which are

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29 Shechner, *Up Society’s Ass, Copper!*, p. 130; Iannone, p. 133.

30 Laqueur, p. 204.

31 Ibid., p. 197.

32 Eakin, p. 182.

unknown to Thomas Buddenbrook or Hans Castorp. When Dr Meyerson suggests brain surgery on his 86-year-old father Philip wonders ‘Isn’t there a limit?’ (p. 115) and eventually comes to the conclusion that to apply the boundless might of modern medicine in the case of his father would be ‘butchery’ (p. 150). In his depiction of ‘the father’ who is the founder of the family vernacular and his ontological sympathy with organic life Philip develops a humanist gaze on his father. Philip Roth tells the story of a conscious decision against the possibility of cure offered by science and imbues ‘letting go’ with a medical meaning. Philip engages with feelings similar to those Arthur Frank describes as ‘embodied paranoia’; a process of not knowing what to fear most: medical intervention or inaction.<sup>33</sup> The notion that there is a limit to medicine and science evokes the degeneration discourse in *Buddenbrooks* and the sense of a metaphysical nakedness that positivism cannot comfort, pointing to the ultimate impotence of positivism. Baumann interprets degeneration as the realisation that there were ‘limits to (scientific) progress providing a paradigm and yet another diagnosis for a disease found to be incurable’.<sup>34</sup> Eventually though, in the case of Herman Roth, the mechanistic concept of health and mortality is paid its due. Herman tells the son “Phil, I want my eyesight back. I want Dr. Krohn to fix my eye. Enough farting around with this other thing.” (p. 148), thus imbuing with potency the positivist notion of the body as machine – in contrast to the writers Philip Roth and Thomas Mann.

As demonstrated, living vicariously is part of Herman’s understanding of the body in disorder, but the son, too, develops a ‘passion for identification’.<sup>35</sup> Now I want to explore the notion of vicarious living that Philip Roth establishes at the end of his narrative through the failing bodies of both father *and* son. Again there are distinct overlaps with the Buddenbrook family where bodily disorder is a strong intergenerational link. Kauvar argues that the self that Roth imagines ‘thrives in multiple forms’. For him, as for Kierkegaard, ‘life consists not of synthesis’ but of contradiction and Philip’s identification with the father is never free of ambivalence.<sup>36</sup> In the final stages of his illness, Herman’s condition deteriorates. Philip tells his brother on the phone ‘ “It’s beginning to get horrible” ’ (p. 223). A notion of gothic horror has thus entered his language when he watches his father ‘choking at his mortality at the dinner table’ (p. 226). Once more, Philip keeps his father in the dark about the medical reasons for his health problems. Herman explains his difficulties with the after-effects of a recent cold. In *Deception* (1990), the novel Roth wrote during his father’s illness, a female character tells Philip, her secret lover: “When the patient recovers the nurse falls ill.”<sup>37</sup> And in *Patrimony*, too, Roth suggests a strong sense of shared schema when only a few days later Philip begins to suffer from a ‘splitting’ head and a ‘pounding heart’ after an early morning swim. He interprets

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33 Frank, *The Wounded Storyteller*, p. 172.

34 Baumann, p. 150.

35 Miller, p. 47.

36 Kauvar, pp. 443-444.

37 Philip Roth, *Deception. A Novel* (New York: Simon and Schuster, 1990), p. 80.

his troubles as ‘anxiety’ concurring with recent medical findings on the triggers for cardiovascular disease.<sup>38</sup> If one links the father’s blocked throat to the blocked arteries of the son, this makes the impression of shared body schema appear ever stronger; by falling ill Philip turns into a prosthetic extension of Herman’s body. In the next moment Philip dismisses psychosomatic discourse though. He claims it was not anxiety that caused his problems but the medical fact that ‘over the course of fifty-six years virtually every major artery to my heart had become [...] occluded’ (p. 224) whilst fashioning himself as a case of modern medicine. This clinical explanation is only granted seven lines, however. It might be the better explanation of how he came to have heart disease, but it does not explain why his symptoms became so severe immediately after his father’s severe problems with swallowing began.

The Mannian notion of the medical as a ladder to better knowledge of the self is evident when in the aftermath of Herman’s death Philip connects his own heart trouble and the ‘emergency quintuple bypass operation’ to his father who ‘was spared having to bury me’. The notion of connectedness and interchangeability is thus enhanced as Philip falls into a highly regressive state. Philip admits ‘never had I been more at one with my father than I was at that moment’ (pp. 224-225). Their bodies suffuse, creating a moment of synthesis: the son has fallen ill because of the father. This notion of a shared body schema bears resemblance to how Mann chose to narrate the cases of Jean, Thomas, and Hanno Buddenbrook. Shortly before his death Thomas feels ‘Übelkeit’ [he felt nauseated] as though his brain was being taken up and swung in concentric circles before it is dashed against the ‘steinharten Mittelpunkt’ [stone-hard centre] (p. 680; Woods, p. 657). The imagery resembles his father Jean’s death and the foreboding thunderstorm that preceded it. Hanno and Thomas share bodily weakness, too: father and son are tied together by their growing artistic propensities and their ailing bodies. Thomas reacts to the strong resemblance to his son with a lack of parenting. ‘Philip’, however, develops maybe the most powerful vision of the book in his identification with his parents shortly after surgery: in his post-operative mind he turns into a ‘nurturing mother’ and eventually ‘a family of four’ (p. 226). He imagines his heart as ‘a tiny infant’ he is nursing (p. 225). Roth asks the reader to ‘sympathize with, to feel vicariously through, the body of the patient/protagonist’, however, he also lets his protagonist ‘Philip’ feel vicariously through Herman turning into the parent himself.<sup>39</sup> The connected bodies of the two men, however, stand in contrast to the communication that goes on between them during that time. Philip, like Thomas Buddenbrook, does everything to verbally conceal his own physical collapse, and that of his father. Again the ambiguity inherent in Mann’s early imagination of the Buddenbrook family body in disorder comes to the fore: verbal distancing strategies and, simultaneously, a sense of vicarious living

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38 A recent comprehensive study investigating the psychosomatic aspects of coronary heart disease has provided evidence ‘that anxiety is involved’ as one of the strongest factors next to depression and anger in the onset’ of the disorder. Laura Kubzansky and Ichiro Kawachi, ‘Going to the Heart of the Matter: Do Negative Emotions Cause Coronary Heart Disease?’, *Journal of Psychosomatic Research*, 48 (2000), 323-337 (p. 323).

39 Laqueur, p. 183.

pervade the narrative.

### 5.1.1 Conclusion: renaissance of a son

Once more I want to turn to an image to sum up my findings. The various medical visual means of representation in the book, such as the MRI scan of the father's brain and the EKG, have shown that scientific imagery and the self prove difficult to integrate into a coherent picture of the father for Philip and even lead to a momentary loss of identity. The lay individual feels confused and even threatened by medical imagery it cannot read properly. With the 'snapshot' from August 1937 showing the 'male line [of the Roth family], unimpaired and happy' on the cover of the book and his description of it in the book Roth presents an altogether different portrait of the father and himself. Instead of decline and death, the image to him represents that 'V for victory is written all over that picture' (p. 230). The Rembrandt depiction of the corpse as a self that is lonely in *The Anatomy Lesson* now attains its counterpart with the sheltered little boy Philip shown in the photograph. It seems as though the actual experience of life-threatening illness allows Roth a sense of identification unknown to him before with the 'line' of Roths in the picture. Like Thomas Mann he presents 'the individual psyche as layered and sedimented with ancestral inheritances'.<sup>40</sup> With the picture and the following description of the last hours of Herman Roth, Philip shares what Hans Castorp grasped in the snow: the very beginning of life represented by the 1937 snapshot and the end now stand side by side in the narrative. They form a synthesis that reflects Thomas Mann's philosophy of illness and the reconciliation of opposites where death and pathology exist, and, together with life and health form the dialectics of life. Lacan's mirror stage has now been successfully lived through and alienation has been overcome. This confirms Mann's notion that knowledge about pathology and health, as well as working through the abject is necessary in order to adequately understand and describe the world. Roth reflects Mann's notion that 'Krankheit die eigentlich menschliche tragische Antinomie' [sickness is the truly human tragic contradiction].<sup>41</sup>

Both authors set out to master an ambiguous inheritance. As in *Buddenbrooks* the father generation of Johann and Jean stands for iron discipline and imposes their heritage on the sons. Philip's elegiac dream at the end confirms the power that the father holds over the son due to his 'granite will', as Shechner pointed out.<sup>42</sup> The ambivalent relationship with his father is the basis of a twofold motivation for writing the book which resonates with Mann's notion of the reconciliation of opposites through illness experience: love and hate for this man, his father. The *sentimentalisch* longing to overcome the father and *naiv* duty as a son form the complex motivation underlying the book. Paul Eakin, however, has distinguished 'no Bloom-style

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40 Robertson, 'Primitivism and Psychology', p. 90.

41 As Thomas Mann writes in his notes for 'Goethe and Tolstoy'. Koelb, *Thomas Mann's 'Goethe and Tolstoy'*, p. 160, translation, p. 40.

42 Shechner, *Up Society's Ass, Copper!*, p. 128.

patricidal anxiety of influence' in Roth's treatment of the father's legacy.<sup>43</sup> Instead a highly productive artistic period followed for Roth in the decade after the father's death. This outcome echoes Couser who deems illness and disability to be 'reminders of our mortality and frailty', and simultaneously perceives of illness narratives as 'testaments to our resilience and vitality'.<sup>44</sup> The sense of *Patrimony* as an 'unusual' illness narrative prevails despite the conflicting notions pointed out above. Bodily disorder has evolved from being a possibility of self-interpretation for the writer Philip Roth in *The Anatomy Lesson*, into an experience that makes possible connecting with the 'other' and narrating a life outside the narcissistic paradigm at the level of the story. As Arthur Frank observed 'Remaking begins when suffering becomes an opening to others', a notion which can be linked to the central conclusion Mann comes to in *The Magic Mountain*: you love man because he struggles.<sup>45</sup> This also rings true for the portrait Roth has drawn of his father, the relentless, often intolerant man; 'the father', who urges him 'You must not forget anything' (p. 238). Here he becomes the source of the creative power of the son. Medical detail has played an important role in drawing this compassionate and deeply humane case narrative of Herman Roth embedded in a model of civilization that 'neither denies death [...] nor submits to it'.<sup>46</sup> Against this background the new 'selflessness' Ken Gordon found in the American trilogy can be dated earlier.<sup>47</sup> The analysis of medical detail in *Patrimony* has shown that by 1999 the author Philip Roth has already begun 'thinking and feeling' and *writing* 'in new ways'.<sup>48</sup> However, when considering the treatment of the medical material at this particular point of his writing, Roth can also be seen less committed to the electric ambiguity and the irony of Mann's illness mythology. With *Everyman*, however, a shift towards the Mannian double-movement of both appropriation and satirical undermining of the medical re-enters Roth's work with a new intensity.

## 5.2 *Everyman – The Life and Death of a Male Body*

In an interview with Terry Gross, Philip Roth described his 2006 novel *Everyman* as a 'medical biography' that is 'formulated out of a medical history'.<sup>49</sup> I shall now explore the exceptional status of the medical in this novel. Where in *Patrimony* 'Philip Roth' found the alterity that his life depended on in his father, the nameless protagonist in *Everyman* faces a much less tangible otherness. He claims: 'There was only our bodies, born to live and die on terms decided by the

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43 Eakin, p. 184.

44 Couser, p. 295.

45 Frank, *The Wounded Storyteller*, p. 176.

Thomas Mann, 'Goethe und Tolstoi', IX, p. 81.

46 Robertson, 'Primitivism and Psychology', p. 88.

47 Ken Gordon, 'Philip Roth: The Zuckerman Books', *Salon*, 26 March 2002

<[http://www.salon.com/2002/03/26/zuckerman\\_2/](http://www.salon.com/2002/03/26/zuckerman_2/)>.

48 Laqueur, p. 200.

49 Roth in an interview with Terry Gross, *NPR*, 8 May 2006

<<http://www.npr.org/templates/story/story.php?storyId=5390578>> [accessed 10 December 2012];

the protagonist in *Everyman* says that 'should he ever write an autobiography, he'd call it *The Life and Death of a Male Body*'. Roth, *Everyman*, p. 52.

bodies that had lived and died before us' (p. 51). Roth emphasises the non-symbolic through the turn to the body here, but once more Roth's narrative achieves the opposite of this intent: both high-minded seriousness and the non-symbolic are negotiated through bodily relationships. This becomes clear if one takes into account the allusions to Mann's illness mythologies. As in *The Anatomy Lesson*, pain and illness attain ambiguous roles as creative, liberating forces *and* as imposing meaninglessness. The emphasis in this book lies on the latter, however, due to the fact that the body as 'my home' seems to have turned into a prison.<sup>50</sup> Told by an anonymous third-person narrator, the story of Roth's lonely and sick protagonist represents the most uncompromising and unforgiving turn towards 'tell[ing] a man's life through his illness' in Roth's oeuvre.<sup>51</sup> Nadine Gordimer convincingly sums up the paradoxical nature of the book. She argues that by juxtaposing 'ecstasy' with 'mortality' Roth turns into the 'magnificent victor [...] to encompass all of life'.<sup>52</sup> I would add to this that the ecstasy Gordimer finds in the book can be linked to the Dionysian principle established in Mann's illness narratives. This raises the question of how the imbalance between the Dionysian and the Apollonian impacts on the protagonist's body. Nadine Gordimer also holds that in his demand for 'exuberance' the nameless protagonist resembles David Alan Kepesh in *The Dying Animal* (2001). I agree with the idea of Dionysian 'exuberance', but in my view this character, who is defined through 'the matrix of his relationships with others', resembles 'Philip Roth' in *Patrimony*. However, aside from this the narrative develops a void - the missing 'other'. Illness functions as a catalyst for the impact this void has on the individual; working through is no longer an option.

As Ross Posnock mentions, in *Everyman* Roth turns to the 'Western canon of mourning and mortality'.<sup>53</sup> Since the fifteenth-century morality play *The Summoning of Everyman* the figure of Everyman has been a stock character in English literature. The sense of literary influence is indeed strong in the book. Roth had begun writing the draft the day after Saul Bellow's funeral; Bellow had been an important mentor and friend to Roth. The notion of literary tradition in the book is enhanced further through the epigraph by John Keats which I am going to explore at a later point. In an interview Roth gave when the book appeared he said, alluding to Virginia Woolf, that apart from Tolstoy's *The Death of Ivan Ilyich*, Solzhenitsyn's *Cancer Ward*, and Mann's *The Magic Mountain* illness has hardly been treated in literature.<sup>54</sup> This raises the issue of the particular role Mann's illness symbolism plays in the novel. Roth's medical biography oscillates between movements of identification and dis-identification as the novel plays with Mann's illness symbolism. In a first step I consider the medical material Roth uses in the book. I show that the narrative rests on a paradox: bodily disorder provokes both

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<sup>50</sup> Brent, p. 140.

<sup>51</sup> Brauner, *Philip Roth*, p. 220.

<sup>52</sup> Nadine Gordimer, 'Lust and Death', *The New York Times*, 7 May 2006, [http://www.nytimes.com/2006/05/07/books/review/07gord.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2006/05/07/books/review/07gord.html?pagewanted=all&_r=0) [accessed 15 October 2012].

<sup>53</sup> Posnock, p. 51.

<sup>54</sup> Philip Roth in an interview with Charles McGrath, 'Haunted by Illness, Feels Fine.' *New York Times*, 25 April 2006 <<http://www.nytimes.com/2006/04/25/books/25roth.html>> [accessed 10 December 2012].



bleak realism in the form of the clinical case narrative and highly symbolic imagery. I also demonstrate that Roth's portrait of 'Everyman' as a sinful figure is based on the conflict between the Dionysian and the Apollonian aspects in his character. Roth negotiates those through the disordered body. Furthermore, I discuss the role of illness for art and knowledge acquisition in the book.

Just as Mann did for the Buddenbrook family, with *Everyman*, Roth has delivered 'the detailed story of any pathology', aligning himself with the tradition of the biographical scheme of pathological individuals as established by Goethe, Büchner and Mann.<sup>55</sup> Roth is covering several of the most common diseases in the Western hemisphere in the book: backache, migraine, hernia, appendicitis, peritonitis, stroke, cardiovascular disease, heart attack, and cancer. The medical material Roth draws upon encompasses medical knowledge and practices from the 1940s until today. Other than Mann, Roth can rely on much more assured scientific data, however, as in the 2000s heart disease is clinically diagnosable and treatable. In the novel the operating theatre features many times and proves a crucial space in which Roth constructs his protagonist's identity. In surgery, the individual is reduced to the body, only set apart from others by the medical procedures such as X-rays and texts providing 'information on the patient-body'. Furthermore, a 'dislodgment of the patient's person' is crucial to the procedures in surgery but also closely connects to other modern medical practices like consultation and case writing.<sup>56</sup> Surgery thus constitutes a procedure in which the modern medical perception of the body as a manageable machine finds its most poignant representation. Relatively early in the narrative, the reader learns that in 1942, just like in *Patrimony*, as a little boy, the protagonist had to undergo a hernia operation due to inguinal hernia, one of the most common forms of hernia. When the doctor tells him ' "we're going to fix that hernia tomorrow and you'll be as good as new" ' he applies the 'language of survival'.<sup>57</sup> It turns out that the boy's father not only displays great trust in what seems an almighty medicine typical for these times, he also closely relates recovery to willpower, telling his son: "It's just another job" (p. 24). The son has to prove his reliability and his tenacity on the operating-table. The 'granite will' of Philip's father Herman shines through again, reflecting Thomas Buddenbrook's notion that 'the moment something begins to subside, to relax, to grow weary, then everything around us is turned loose, resists us, rebels, moves beyond our influence' (p. 430; Woods, p. 422). The boy could very well turn into Hanno Buddenbrook at this point, but instead the Hanno figure is lying next to him in the guise of a boy of his age who has had stomach surgery. At night the protagonist witnesses how the boy in the bed next to him struggles behind the curtains surrounded by doctors and nurses. "What's the matter?" he asks. But he is kept in the dark as the nurse replies

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<sup>55</sup> Tougaw, p. 30.

<sup>56</sup> Stefan Hirschauer, 'The Manufacture of Bodies in Surgery', *Social Studies of Science*, 21 (1991), 279-319 (pp. 311-313).

<sup>57</sup> Philip Roth, *Everyman* (London: Vintage, 2007), p. 22. Further references to this book are given in quotations after the text; Bauman, p. 130.

“Nothing [...] we’re just changing the bandages.” The next day he decides that “That boy died”. The self and ‘that boy’ are thereby put in relation to each other, one recovers - the ‘other’ dies. The mechanistic language of survival here stands in stark contrast to the experience of how easily one can turn into ‘that boy’ and fail to carry out the father’s will (p. 27). Roth configures illness as interpersonal and thus undermines the mechanistic view of the body which takes up large parts of the illness discourse in the novel. The outcome is the portrait of the son devoted to form and Apollonian ideals, who is eager to prove his obedience to the father through his survival. Hanno Buddenbrook will only shine through again later in the protagonist’s life when the failed development of his artistic propensities becomes closely linked to physical failure.

Another pairing is established with the protagonist’s second wife Phoebe. Her migraine attacks are described as starting with ‘spirals of light, bright spots moving in a swirl’ (pp. 36-37). At this point in his life, the protagonist is the carer and the one who ‘removes the big cooking pot into which she vomited’ (p. 37). When suffering from an attack Phoebe needs to lie in the darkened bedroom for days. She shows a heightened sensitivity and an ambivalent relationship towards the outer world as she ‘could not stand another presence in the darkened room’ (p. 37). This proves similar to the young writer Nathan Zuckerman in *My Life as a Man* to whom even ‘a beam of sunlight’ is ‘intolerable’ (p. 51). The narrator tells the reader that ‘no drugs helped’ (p. 37). Medicine has now lost its aura of omnipotence. But once more the protagonist is the healthy counterpart of the two, less inclined to giving in to the will of nature. The willpower to show his reliability, as once demanded by the father, is evident when he suffers from the consequences of an undiagnosed appendicitis as a grown man. It eventually bursts, culminating in severe peritonitis which nearly kills him. Similarly to *The Anatomy Lesson*, the psychoanalytic reading of the case as ‘envy of a fellow art director’ is dismissed and even ridiculed in its banality (p. 33). Instead the idea of a line of family bodies serves to integrate illness and explain the near-death as in *Patrimony*: ‘Uncle Sammy, his father, now him’ (p. 39). Again the protagonist emerges as the survivor integrated in a ‘family body’.<sup>58</sup>

The only condition which is not directly linked to one specific partner is the cardiovascular disease the protagonist begins to suffer from in his fifties. Roth presents a man who keeps to a healthy diet, exercises good personal hygiene and fitness but who is essentially lonely. Aged fifty-six the protagonist’s cardiovascular problems set in and his life story becomes a medical case history. He undergoes surgery almost every year: The ‘obstruction of his renal artery’ is followed by the ‘insertion of a stent’ (p. 62). These procedures affirm the notion of the ‘preventive maintenance of the human machine’.<sup>59</sup> Roth engages intensely with what becomes of the postmodern individual once it falls sick and turns into a ‘storehouse for manmade contraptions’ (p. 16). Once more it is a visual source, the EKG, that provides diagnosis, showing ‘radical changes that indicated severe occlusion of his major coronary

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<sup>58</sup> Souter, p. 41.

<sup>59</sup> Albury, p. 265.

arteries' (p. 42). But this time there is no space for abjection; only a few hours later the protagonist finds himself with 'oxygen prongs in his nose [...] attached by numerous leads to a cardiac monitoring machine'. Technology has taken over. The patient suffers from 'embodied paranoia' and feels he is losing his individuality in the hospital bed turning into 'that boy' (p. 43). Roth implants the notion of a transgression of boundaries into the medical experience. Indeed the protagonist's body is no longer his. During the operation he is connected to a heart-lung machine 'that pumped his blood and breathed for him' (p. 44). Again the borders of the human body are shown to be permeable and individuality is threatened. The narrative oscillates between bleak realism and symbolically highly charged body imagery. This paradox continues when the Rothian narrator gives a clinical account of the medical procedure of the carotid endarterectomy:

The incision was made in the neck, then the artery feeding the brain was clamped shut to stop the blood flowing through it. Then it was slit open and the plaque that was causing the blockade scraped out and removed (p. 70).

Here Roth, like Poe in 'The Case of M. Valdemar', creates a literary echo of a medical case history. The clinical-sounding summary of the surgical procedure which is in simple language comprehensible to the layperson, at first seems to contrast with Mann's account of the cholera in *Death in Venice* where mythical and scientific terms take turns and where the cholera turns into a 'spectre' that haunts Europe. However, after outlining the procedure, the narrator turns to describing the whole experience in the hospital and now the medical procedure attains a much more ambiguous meaning. Roth's protagonist had learned from 'the agreeable surgeon' beforehand that the carotid endarterectomy he was going to have was medically 'nothing extraordinary' which echoes the clinical account the narrator gives (p. 67). The hospital is associated with a factory and death is reduced to the performance of an enterprise: 'Most of the patients would come out the other end [...] a few might not' (p. 68). The narrator gets very close to his protagonist when he observes that it looked as though the people in the waiting room 'were going off to get their hair cut' (p. 68). But the effect the procedure has on the individual is far from ordinary. The modern fear of permeable membrane boundaries and a democratic view of disease reflected in Aschenbach's increasing sense of loss of the *principii individuationis* amongst all the deformed bodies at the beginning of the journey in *Death in Venice*, finds its counterpart in the protagonist's loss of identity in the waiting-room as he becomes part of an anonymous mass of patients. This depiction stands in stark contrast to the emotional excitement and the sharp individuality Hans Castorp feels before he enters the X-ray laboratory. Roth's protagonist feels the longer he is treated the more '[a] sense of otherness had overtaken him' (p. 129). Illness and physical decline have turned into an assault on the self and abjection is evident.

Finally Roth introduces a Job-like figure in the waiting room, as Ross Posnock has

observed. After handing the protagonist 'the day's sports section' the man next to him starts telling him his personal case history starting with the death of the mother, the sister, the breakdown of the marriage, and a feeling of doom and punishment expressed in his fantasy of someone telling him 'now we're going to cut off your right arm as well. All this he tells the protagonist before being 'shepherded to the operating room' (p. 69) which echoes Jesus in the epistle of St. John of the good shepherd whose sheep 'listen to [his] voice and 'follow' Jesus.<sup>60</sup> Illness is thus elevated to God's, or as before, the father's test of the individual, and the waiting room becomes a space where one's will is tested. Again Roth's protagonist needs to prove that, unlike Hanno Buddenbrook, he is able to persevere. However, in the postmodern operating theatre Jesus has been replaced by the belief in technology. The reader learns that the 'common vascular surgical procedure' was almost impossible to bear lasting over two hours during which 'he could hear every move of the instruments' as though he were in an 'echo chamber' (p. 67). On his return home he bursts into tears and remembers his bout of peritonitis that nearly cost him his life. The protagonist thus makes the attempt to integrate the traumatic experience. The narrator now extends this integrative attempt to a universal prediction. He tells the reader with pathos 'But now, instead of ending, it continued; now not a year went by when he wasn't hospitalized', 'bodily decay' had become 'his entire story'. The hybridity of the medical account becomes evident again. What began as a bleak description of a surgical procedure has turned into a scene laden with symbolism (p. 71). The illness experience has become a test to the belief of the postmodern protagonist in his individuality and the might of medical technology. Furthermore, it is the rational willpower of the Apollonian individual that is questioned in a Mannian tradition, that also alludes to Gustav von Aschenbach. Bodily decline initiates a self-reflexive process.

The Apollonian and the Dionysian in a Mannian sense become ever more powerful principles when the narrator delivers the full case history. As pointed out before the title of the novel refers to the fifteenth-century 'morall playe' *The Summoning of Everyman* which indicates that issues of a moral nature are relevant to the book.<sup>61</sup> Indeed one of the central themes in the novel is the remorse for his 'Dionysian' wrongdoings that the protagonist feels. Illness functions as a catalyst in this Roth narrative with its very pronounced 'ethical' implications.<sup>62</sup> The novel has a strong moral impetus and the 'poena' motif of *The Anatomy Lesson* returns in the form of heartache. The sexual prowess of the protagonist is identified as the source of his troubles. The protagonist escaped from his difficult first marriage with the

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<sup>60</sup> John 10. 2.

<sup>61</sup> *The Summoning of Everyman*, ed. by Geoffrey Cooper and Christopher Wortham (Nedlands: University of Western Australia Press, 1980), p. 3.

<sup>62</sup> *Everyman* stands in contrast to e.g. *The Counterlife*, a novel which Patrick Hayes argues demonstrates 'a distinctively non-moralistic way of thinking about the relationship between art and life'; Patrick Hayes, 'The Nietzschean Prophecy Come True. Philip Roth's *The Counterlife* and the Aesthetics of Identity', *The Review of English Studies* (Oxford: Oxford University Press), 18 July 2012 <<http://res.oxfordjournals.org/content/early/2012/07/18/res.hgs067.full.pdf+html>> [accessed 24. January 2013].

mother of his two sons starting a relationship with his assistant Phoebe. He marries the younger woman and has a daughter with her. Eventually, however, he also cheats on her by entering a 'cult of two' with the young Danish model Merete. This renders the family body highly fragile and threatened (p. 117). Roth depicts his protagonist as a 'chief of sinners' or a 'type A personality' after Friedman and Rosenman.<sup>63</sup> Susan Sontag points out that cardiac disease implies a 'weakness that is mechanical' which does not constitute 'a disgrace' and can even be spoken about in a self-congratulatory manner.<sup>64</sup> Roth's hero defies this notion. Instead illness is grounded in a moral flaw and a Dionysian longing for erotic spectacle. The author has taken up Kant's assumption that 'where there is desire, there is disaster'.<sup>65</sup> Through the protagonist's adulterous acts Roth foreshadows physical decline. Ross Posnock has interpreted the scene when the protagonist puts his thumb in Merete's mouth and starts off their affair as a moment where 'adultery turns out to be akin to a do-it-yourself coronary bypass'.<sup>66</sup> The physical collapse is thus anticipated in this scene where the protagonist casts morality aside and gives in to Dionysian desire.

With the close connection between bodily disorder and past moral mistakes Roth takes recourse to yet another Mann theme. In *Buddenbrooks*, the analysis of bodily disorder arising in the family has shown that one reason for physical decline is the moral mistake committed by Johann the elder. Again Roth's narrative echoes Jean Buddenbrook's words replicating words found in Matthew: 'A house divided against itself will fall' (p. 50; Woods p. 44). Within the illness narrative frame of the book one could interpret this notion as a reference to 'the family body' in which illness is contained.<sup>67</sup> Like Johan the elder, who excluded his son Gotthold from the family in *Buddenbrooks*, the protagonist has lost a son, even two. The challenge to bourgeois identity and legacy is represented by an onset of bodily disturbance in Mann's novel, pointing to a more complex reason for degeneration than the models of progressive degeneration allow for as discussed in Section Two of this thesis (p. 11; Woods; p. 5).

In emphasising the Dionysian spirit that overwhelms his protagonist, Roth, in the tradition of Hans Castorp, reveals a deeply pessimistic notion of life as 'Sündenfall' [Original Sin] (p. 398; Woods, p. 339). Unlike Hans who eventually finds that illness and health, *sentimentalisch* and *naiv*, form a synthesis and cannot be thought without each other, Roth's

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63 Hawkins, *Reconstructing Illness. Studies in Pathography*, p. 38; In 1959 Friedman and Roseman established a popular model that linked personality structure and the risk of coronary heart disease. They associated coronary heart disease with the 'type A behaviour pattern'. Meyer Friedman and Ray Rosenman, 'Association of Specific Behaviour Pattern with Blood and Cardiovascular Findings', *Journal of the American Medical Association*, 169 (1959), 1286-1296; The characterisation Roth has chosen for his protagonist bears certain overlaps with this 'model of pathogenic behaviour'. The lives of type A personalities are described as 'emotionally parched and incomplete'. Cecil Helman, 'Heart Disease and the Cultural Construction of Time: The Type A Behaviour Pattern as a Western Culture-Bound Syndrome', *Social Science and Medicine*, 25/9 (1987), 969-979 (p. 969).

64 Sontag, p. 9.

65 Mark Shechner, 'Grave Commentary: A Roundtable Discussion of Everyman', *Philip Roth Studies*, 3 (2007), 3-25 (p. 9).

66 Posnock, p. 58.

67 Souter, p. 41.

protagonist experiences illness as 'poena'. Knowing that he is morally 'insufficient' he is constantly 'assailed by remorse' for being 'the unsuccessful father (p. 158), the envious brother, the duplicitous husband, the helpless son' (p. 165). But he also clings on to the remains of his Dionysian self. There is an Aschenbach moment when one day by the beach he calls out to an attractive jogger 'Miss, miss, I want to talk to you'. When talking to her a 'hunger' overcomes him which is nearly impossible to hide. 'He tried repeatedly to prevent his gaze from falling to the swell of the breasts' driven by the sudden hope that 'there was some combination of words that would save him from defeat' but he fails (pp. 130-131). Unlike Gustav von Aschenbach, Roth's protagonist is unable to enjoy the sublimation of libidinal desire. He thus denies himself the last aesthetic and libidinal pleasures of life in which Gustav von Aschenbach indulged, as for example in the beauty in the form of the young boy Tadzio. The bird's song in the Keats poem projecting itself 'endlessly [...] on a perfect void' remains unfathomable to Roth's protagonist.<sup>68</sup> The only space for beauty the protagonist establishes in the end lies in his own young body as a 'tabular sprout' that once perfectly rode the waves (p. 126). The young boy's body is continually juxtaposed with the old man's failing body that has become a prison and 'Everyman' is regularly overcome by a 'nearly autoerotic nostalgia for the pleasure with which he once consumed the world'.<sup>69</sup> Roth seems to subvert high-minded tradition when he presents beauty as something that only exists in the past, and is cut off from the world the protagonist experiences.

However, the narrative itself defies the nihilistic notion the author develops in parts of the plot. After all, death and illness bear a powerful narrative incentive for Roth, and provoke a song in the form of his multifaceted language which resembles the beauty of the nightingale's song and affirms a conception of art which is inherently Mannian. When Thomas Buddenbrook visits the dentist, medical language is transformed from bedside rhetoric without many practical implications to a force that can inflict excruciating pain. The narrator, rather than framing the experience as a gothic horror tale, develops poetic language in the face of this pain and turns it into a metaphysical experience. 'Übelkeit' [he felt nauseated] evolves into the vision of his brain being taken up and swung in concentric circles before it is dashed against the 'steinharten Mittelpunkt' [stone-hard centre] (p. 680; Woods, p. 657). With *Everyman*, Roth affirms Mann's notion of electric ambiguity at the bottom of art and the notion that the task of recording suffering provides artistic inspiration.

In addition to these intertextual allusions, Roth also directly takes up questions of art and creativity in the novel. The obituaries for the protagonist that open up the novel are another if slightly obscured, medical case narrative and hint at the question of the nature of art. Within genre theory the eulogy has been identified as 'the paradigmatic epideictic performance'. In its attempt to provide a coherent interpretation of life's 'tangled accidents', it can be related to the

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68 Helen Vendler, *The Odes of John Keats* (Cambridge, Mass.: The Belknap Press of Harvard University Press, 1983), p. 166.

69 Nussbaum, 'Death Becomes Him'.

Freudian case histories where emotion and rhetoric are intertwined.<sup>70</sup> Hence once more the psychoanalytic case history attains a central role in the narrative. Roth shows that poetic imagination can unfold a special power in the face of ‘absent things’, a phenomenon already described by Wordsworth.<sup>71</sup> Interestingly, Melanie Klein’s explanation of the artistic impulse points in the same direction, as she suggests it is ‘the lost past and the lost or dead object that can be made into a work of art’ through mourning.<sup>72</sup> The eulogy thus points to death and illness as ambiguous ways to find inspiration. The epigraph of the novel is taken from John Keats’ ‘Ode to a Nightingale’, Roth cites:

Here where men sit and hear each other groan;  
Where palsy shakes a few, sad, last grey hairs,  
Where youth grows pale, and spectre-thin, and dies;  
Where but to think is to be full of sorrow... (epigraph)

These lines also confront death and recall Hamlet’s ‘weary, stale, unprofitable world’.<sup>73</sup> Like Keats, Roth has dedicated himself to the ‘completeness [...] of causes of unhappiness’.<sup>74</sup> The medical case history of an average man has become the source for the imagination and a space to contemplate art. Philip Roth, the writer who once reinvented himself through physical defect and ‘realised’ himself as humane, now doubts the power of art in the face of oblivion. Unlike the nightingale’s song man’s song vanishes. By juxtaposing ‘ravishingly beautiful’, unrestrained nature in his quote of the Keats Ode with his protagonist’s world of pain, Roth confronts the Mannian dilemma of balance between a Dionysian longing ‘to have it all over again’ and the notion of Apollonian restraint and rationality.<sup>75</sup> Everyman’s artistic struggle is eventually uncovered as hopeless. Over the course of the first half of the narrative Roth portrays his protagonist as an artistic dilettante who has always had the hope that after retiring he would be able to turn to art and possibly ‘sich bis zum Höchsten erheben’ [to rise to greatest heights].<sup>76</sup> This resonates with the appraisal of dilettantism as a preparatory stage for art by Goethe and Schiller, as discussed in Part Two. However, the means to reach artistic inspiration are now obscured by a restraining view. The credo developed in *Letting Go* and *My Life as a Man* of ‘letting yourself go’ as ‘the engine of his aesthetic’ is now mocked by Roth with the depiction

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70 Susan Wells, ‘The Rat Man and the Case Study: Genre in Three Keys’, *New Literary History*, 34 (2003), 353-366 (p. 364).

71 William Wordsworth, ‘Prefaces’, in *Poetic Works*, ed. by Thomas Hutchinson, revised by Ernest de Selincourt (Oxford: Oxford University Press, 1969), p. 737.

72 Hanna Segal, ‘A Psychoanalytic Approach to Aesthetics’, in: *Reading Melanie Klein*, ed. by Lyndsey Stonebridge and John Phillips (London: Routledge, 1998), 203-221 (p. 208).

73 Vendler, p. 85.

74 Ibid., p. 89.

75 Ibid., p. 95.

76 Johann Wolfgang von Goethe, ‘Der Sammler und die Seinigen’, XII, p. 89.

of the dilettantes in the art class who want to paint abstract paintings right away.<sup>77</sup> His protagonist despises the people he teaches, who think they can turn to art as a way to find an answer to contingency and mortality without the restraint of realism. Simultaneously, he encounters a deep crisis in his own artistic practice. Now that his memory is the only Dionysian force in his life, he has ‘become bored with his painting’ feeling that he was lost ‘in nothing’ (pp. 102-103). This pessimistic view of the creative self poses a stark contrast to the self-deluded Christian Buddenbrook who, despite having nothing to demonstrate his ability ‘Ja, es ist wahrhaftig wunderschön, ein Künstler zu sein!’ [Yes, it [is] absolutely wonderful to be an artist] (p. 264; Woods, p. 258). On the level of language body and art now conflate in a nihilistic scenario that the protagonist describes as ‘aesthetic vasectomy’ (p. 103). Medical terminology has now been turned into the means to proclaim the end of art, as the protagonist refuses to make a *Minnelied* of illness as once Christian Buddenbrook had. Instead, Roth’s protagonist follows Thomas Buddenbrook’s demand for restraint and gives up art.

In terms of the role of clinical knowledge, however, the narrative displays an unexpected and tentatively optimistic convergence with *The Magic Mountain*. As in the case of Hans Castorp, the protagonist experiences the loathing that death invokes *and* he finds a means of consolation in his turn to the ‘concrete’ circumstances of death (p. 180). In *The Magic Mountain* illness brings ‘geistige Erregung’ [mental excitement] (p. 379; Woods, p. 324). Here the body in disorder becomes the incentive force with which to broaden Hans Castorp’s mind, in this case with medical and scientific books. The reader learns ‘Er forschte tief’ [he would [...] pursue his study] (p. 379; Woods, p. 326). This urge to assemble knowledge corresponds with Roth’s ‘Everyman’ character. The point of departure for the postmodern figure is the loss of control in the cemetery where he is visiting his parents’ graves. When the protagonist enters the graveyard his failing body and ‘dilapidated’ surroundings of the family graveyard in Newark enter a symbiotic relationship. At the cemetery, the reader learns, ‘the earth was giving away’ and the ‘footstones’ which ‘had tumbled onto their sides’ correspond with the body out of balance (p. 166). The body of the protagonist is now, for the first time, seen in close and highly emotional dialogue with his alterity, his parents. Memories flood him, evoking ‘wave[s] of feeling’. Even though he acknowledges that ‘they were just bones, bones in a box’ he admits that ‘tenderness was out of control’ of (pp. 170-171). The loss of control the protagonist takes a turn to the concrete as he asks the gravedigger at the cemetery in a Hamlet-like manner: “How do you dig it? [...] I want to know” (p. 173).<sup>78</sup>

What follows is the gravedigger’s elaborate account told as a linear narrative with a soothing rhythm. The turn to the detail of the last things recalls the dissection chapter in *The Magic Mountain* where Hans explores the fleshy details when dissecting plants. Laqueur has pointed out that in the detailed narrative of the autopsy report ‘the epistemological stage is set

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<sup>77</sup> Posnock, p. 59.

<sup>78</sup> Shakespeare, *The Tragedy of Hamlet*, pp. 194-195.



for the mastery of death', which Hans actually comes close to in this scene. Roth's protagonist, too, finds consolation in the fact that he now knows 'the space' of death. Like Hans Castorp, he establishes a systematised outside world for himself like a pathologist who 'systematically, carefully, in full control [...] unmasks the secrets of the body'.<sup>79</sup> He links his parents' grave to his own future grave. He has now overcome his loneliness as 'in the days that followed he had only to yearn for them to conjure them up'.<sup>80</sup> Again, as in Castorp's case, it is the facts surrounding a corpse that afford 'the imagination to penetrate the life of another'.<sup>81</sup> Roth here takes recourse to the discourse on the Olympian coined by Mann when he shows his protagonist's 'sympathy' with organic life.<sup>82</sup>

### 5.2.1 Identification and dis-identification with Mann's illness writing in *Everyman*

The analysis of Roth's 'medical biography' has shown that the narrative rests on two paradoxical pillars: the denial of illness symbolism and its affirmation. On the surface level of the narrative, Roth casts the experience of illness for the postmodern individual as a story of physical decline and nihilism only, but this clear-cut meaning of illness becomes complicated once one takes a closer look at the configuration of its illness symbolism. The novel relies on the electric ambiguity of illness Mann that established with the Dionysian and the Apollonian principles. In his language Roth heavily relies on a mechanistic depiction of illness through a focus on, for example, surgical procedures which pay tribute to a bleak realism: 'There was only our bodies, born to live and die on terms decided by the bodies that had lived and died before us' (p. 51). At many points, his narrative echoes the modern medical case history. However, it transpires that, next to bleak positivism, the psychosomatic dimension forms a crucial undercurrent of the configuration of cardiovascular disease in the novel. As in *Patrimony*, Roth grounds his illness narrative in a relational notion of bodily disorder. Throughout his life 'Everyman', the Apollonian, sees illness as something that has to be overcome by means of willpower in order to please his Thomas Buddenbrook like father figure who in many aspects also resembles Herman Roth in *Patrimony*. The protagonist's physical collapse is anticipated by Dionysian frenzy and moral flaw in the tradition of the Buddenbrook family and Gustav von Aschenbach. Roth places his depiction of cardiovascular disease within dialogical body structures and the notion of the missing 'other'. As in *Patrimony*, the family body is shown to be of great importance but is here also depicted as highly destabilised. In the end, in a Hans Castorp-like manner the way to achieve stability, if only for a short time, is the turn to the details of mortality. Hans investigates the inside of the body and where it comes from, Roth's protagonist finds out where it goes when he speaks to the gravedigger. Both characters derive connectedness and consolation from physical detail. In combination with the fear and stasis

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79 Laqueur, p. 197.

80 Ibid., p. 180.

81 Ibid., p. 177.

82 Thomas Mann, 'Goethe und Tolstoi', IX, p. 147.

illness arouses, Roth casts the disordered body in a Mannian light as an ambiguous source for art. *Everyman* echoes what Roth conceives of as Mann's high-minded tradition of writing illness, but it also satirises the view of illness as a pathway to enhance the artistic mind. This, in some ways, reflects Schopenhauer's ambivalent reception of the body as the seat of 'pain and deficiency' but also 'the ground of our knowledge' which influenced Mann, too.<sup>83</sup>

At the end of the novel stands the operating theatre. For a second time the protagonist goes in for surgery on his right carotid artery. Waiting in the anteroom 'the masked anaesthesiologist' asks him whether he would like a general anaesthetic to which he agrees.<sup>84</sup> Instead of the gaze on the life of the 'patient body' which is now 'externalized', Roth presents the inside of his protagonist's mind which is now closely connected to the family body again.<sup>85</sup> Surgery culminates in a moment of an intense narrative investigation of interiority. This interiority refutes the nihilistic perspective taken on illness and art, instead it affirms, once again, that bodily disorder and old age are more than a realistic 'massacre', but can instead provide an approach to the human form for the writer. Bodily decline initiates a highly self-reflexive process that culminates in the operating-theatre. The *sentimentalisch* quest is hinted at by Mann in *Buddenbrooks* and vindicated in *The Magic Mountain* as 'sich durch eigene Macht aus seinem begrenzten Zustand in einen Zustand der Freiheit [das Ideal] zu versetzen' [by his own might transporting himself from a limited condition to a condition of freedom].<sup>86</sup> Roth denies this on the level of his protagonist, but he does affirm power right at the end revealing the novel's paradox: Roth's literary craftsmanship and the beauty of his language bring to life 'wonderfully defiant life'.<sup>87</sup> In terms of illness as epistemological challenge, Roth takes recourse to the discourse on the Olympian coined by Mann when he shows his protagonist's ontological 'sympathy' with organic life.<sup>88</sup> Even though Roth does not allow his hero to reach intellectual synthesis, his narrative conveys a sense of what it means to be human (p. 27). It is the failing matrix of relationships that separates the nameless everyman from 'Philip'. Both, Mann in *The Magic Mountain* and Roth in *Everyman*, take on a bird's-eye perspective at the end. Mann outlines Hans' fate in the First World War at this point, and Roth presenting his protagonist's descent into the 'massacre' in the operating-theatre, gives equally devastating perspectives. But simultaneously, both authors evoke the readers' sympathy for man's struggles in these end scenes.<sup>89</sup> Once again Roth relies on Mann's ambiguous appropriation of illness for literature.

### 5.3 *Nemesis* – 'renunciation is all'

Roth said in an interview with Robert Siegel that he 'started' his novel *Nemesis* 'with just one

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<sup>83</sup> Bell, p. 210.

<sup>84</sup> Ibid., p. 181.

<sup>85</sup> Hirschauer, p. 291.

<sup>86</sup> Friedrich Schiller, 'Über naive und sentimentalische Dichtung', XX, p. 477; Dahlstrom, p. 235.

<sup>87</sup> Tim Adams, 'Forgive Me, My Sons, for I Have sinned', *The Observer*, 30 April 2006

<<http://www.guardian.co.uk/books/2006/apr/30/fiction.philipproth>> [accessed 25 December 2012].

<sup>88</sup> Thomas Mann, 'Goethe und Tolstoi', IX, p. 147.

<sup>89</sup> As did Thomas Mann in 'Goethe und Tolstoi', IX, p. 81.

word, polio'.<sup>90</sup> With a medical term at the core of the novel's imaginative web I will reveal how *Nemesis* completes Philip Roth's enterprise of coming 'to tell the story of a man's life through his illness'. As Roth pointed out himself, in the novel, he delivers a 'fictionalized but plausible' account of a 1944 epidemic of polio in Newark, New Jersey, with the young playground director Eugene 'Bucky' Cantor at its centre.<sup>91</sup> With polio, the author has picked a disease that still presented many 'mysteries' to the public and the scientific community in the 1940s.<sup>92</sup> In the following analysis, I show that with his last novel Philip Roth's turn to Mannian illness symbolism achieves a new intensity. Once more Roth rehearses Mann's illness mythology which holds that the role of illness for art is ambiguous: it is dangerous as it reduces the self to a mere body, but it can also become the motor for art. The poles of the Dionysian and the Apollonian that illness confronts in Mann's fiction become the basis of my twofold reading of *Nemesis* as a 'tragedy' and as Bucky Cantor's conscious decision to reject the world and attempt to distinguish himself through 'Adel der Krankheit' [the nobility of illness].

As pointed out in the Introduction, many critics, such as Tim Parks and Michael Gorra, have accepted narrator Arnie Mesnikoff's view of Bucky as a sorry, pitiable figure.<sup>93</sup> In his brilliant review of the novel 'On the Moral Brink' J. M. Coetzee delivers a more differentiated perspective on Bucky Cantor. He describes Bucky as a 'textbook example of weakness or failure of the will' and as a character who is caught in a novel that exudes 'subdued, regret-filled, melancholy', but he is also the only critic to point out that Arnie's view on Bucky might be limited.<sup>94</sup> Coetzee argues that once the reader discovers that Arnie is the narrator, Bucky's ideals and his whole story demand reconsideration. With reference to Coetzee's argument, in my analysis I shall place special emphasis on the narrator protagonist relationship in order to shed light on the different views on illness the narrative holds as I aim to deliver an interpretation outside the usual pitying reading of Bucky Cantor. This way two quite contradictory interpretations of Bucky Cantor become possible. There is the reading of *Nemesis* as a tragedy and Bucky Cantor as a Job-like figure who devotes his life to high Apollonian ideals which become increasingly unattainable due to Dionysian longing for a different life. Once he has committed his tragic mistake, this life concept fails him and for the rest of his life

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90 Philip Roth in an interview with Robert Siegel, 'Book Review: Philip Roth's *Nemesis*', *NPR*, 5 October 2010 <<http://www.npr.org/templates/story/story.php?storyId=130356655>> [accessed 5 February 2013].

91 Roth said: 'In a way I was imagining a menace we never encountered in all its force.' Robert Wiener, 'Separating Fact From Fiction in Philip Roth's Latest Novel', *New Jersey Jewish News*, 10 November 2010 <<http://www.njjewishnews.com/article/2427/separating-fact-from-fiction-in-philip-roths-latest-novel#.UO554469Zlk>> [accessed 10 January 2013].

92 Dorothy Horstmann, 'Problems in the Epidemiology of Poliomyelitis', *The Lancet*, February 1948, 273-277 (p. 276).

93 Parks, 'The Truth about Consuela', pp. 17-18; Michael Gorra, too, finds Bucky Cantor 'pallid' and 'humourless'. Michael Gorra, 'Not Letting Go', *Slate Magazine*, 27 September 2010 <[http://www.slate.com/articles/arts/books/2010/09/not\\_letting\\_go.html](http://www.slate.com/articles/arts/books/2010/09/not_letting_go.html)> [accessed 5 January 2013].

94 John M. Coetzee, 'On the Moral Brink', *The New York Review of Books*, 28 October 2010 <<http://www.nybooks.com/articles/archives/2010/oct/28/moral-brink/?pagination=false&printpage=true>> [accessed 11 January 2011].

he tries to rebuild the Apollonian edifice. Secondly, there is the possibility to perceive Bucky's life after the disease as a choice to live in the realm of what Mann described as the nobility of illness paying narcissism its due. A different appraisal of the Dionysian then becomes possible. Hence, in both cases the Dionysian element within Bucky's character deserves reconsideration. In this context, Michael Gorra's observation that Bucky is torn 'between being a good Jewish boy and seizing all the fruits of the world' is especially interesting as, in my view, it raises the question of the balance between Apollonian restraint and Dionysian passion once more and thus demands the consideration of *Death in Venice*.<sup>95</sup> In the first step of this analysis I am going to show the ways in which Roth appropriates medical source material. Secondly I focus on Bucky Cantor's 'tenacious' body. I then propose the reading of Bucky's life as tragedy by investigating the masculine, Apollonian ideals he establishes. With the motif of illness as romance I draw a connection to Mann's 1898 short story 'Little Herr Friedemann'. It will then be shown that the *sentimentalisch* longing to overcome social boundaries and live a life outside the narrow scope of his upbringing provides a conflict for Bucky which he solves with the rejection of the world. In a last step I analyse the commentary on the power of language and knowledge Roth gives in the book.

### 5.3.1 Polio discourse

Paralysis due to poliomyelitis only existed as 'a grim oddity' before it turned into an epidemic around the mid nineteenth century, as medical historian John Paul has pointed out.<sup>96</sup> Paul further asserts that between 1941 and 1945, when Roth's novel is set, polio research 'had temporarily sunk into a slough of faeces and flies'.<sup>97</sup> Roth has thus picked a point in history when polio research was facing severe blows, and older explanations of the disease going back as far as 1916 proved prominent within public discourse. Roth's portrait of polio in the 1940s relies on several books he mentions in the epigraph, that reproduce historical documents and oral sources: *Dirt and Disease*, *Polio's Legacy*, *Polio Voices*, and *A Paralyzing Fear*.<sup>98</sup> The difference to the Mannian reworking of clinical knowledge lies in the fact that Roth had access to the most advanced microbiological knowledge on polio of our time, but chooses to set the novel in 1944 – a time in which polio was still a mysterious disease. This affords the author a certain power in dealing with his characters and his readers; he plays with different sources of contagion. However, despite the scientific 'success story' polio stands for, it bears some

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<sup>95</sup> Gorra.

<sup>96</sup> John Paul, *A History of Poliomyelitis*, Yale Studies in the History of Science and Medicine, 6 (New Haven: Yale University Press, 1971), p. 17.

<sup>97</sup> Ibid., p. 299.

<sup>98</sup> Naomi Rogers, *Dirt and Disease. Polio Before FDR* (New Brunswick: Rutgers University Press, 1992); Edmund Sass, *Polio's Legacy. An Oral History* (Lanham: University Press of America, 1996); Julie Silver and Daniel Wilson, *Polio Voices. An Oral History From the American Polio Epidemics and Worldwide Eradication Efforts* (Westport: Praeger, 2007); Linda Seavey and others, *A Paralyzing Fear. The Triumph Over Polio in America* (New York: TV Books, 1998).

mystery to this day.<sup>99</sup> In its acute stages, it still cannot be treated and post-polio syndrome constitutes another area where medicine remains helpless.<sup>100</sup> With the choice of polio Roth thus undermines a scientific success story and delivers a complex, multifaceted portrait of the epidemic that greatly supersedes the sources consulted.

As in the case of the cholera of 1912, in the 1940s discourse on polio the ‘older emphasis on environmental sanitation’ as well as racial fears were still prevalent and often used in connection with miasmatic theories.<sup>101</sup> Hygiene scares continued to play a big role and also informed social relations. In *Nemesis* the narrator, when recalling his childhood, tells the reader ‘We were to wash all fruit and vegetables before we ate them’, one of the many precautions imposed by the adults.<sup>102</sup> Roth also takes up and plays with the view that polio ‘gets in the air and you open your mouth and breathe it in and next thing you got the polio’ as Yushy from the hot dog store tells Bucky Cantor (p. 59). Simon Flexner’s (1863-1946) notion that the virus entered the nose and mouth and directly travelled to the brain and the spinal cord along nerve pathways is evident here. According to Naomi Rogers this clinical view still proved powerful in the 1940s and delayed research for a whole generation.<sup>103</sup> In their configuration of the disease both Roth in *Nemesis* and Mann in *Death in Venice* rely on microbiological explanations, but let the older miasmatic explanation of contagion shine through. The microbiological explanation of disease holds implications in regards to the representation of the individual in both narratives. As seen in Part Two of this thesis, in the 1880s, germ theory identified all people as potential carriers of disease which led to fears in regards to ‘the feasibility of modern urban society’ and isolation was suggested to provide safety to the individual.<sup>104</sup> In *Death in Venice* bacteriology and its democratising view on illness challenges the notion of disease as caused by man’s moral nature. After all, however, in *Death in Venice*, the world turns out to be morally configured. Roth confronts this Mannian dilemma again placing questions of guilt as central to the polio epidemic of 1944 in the course of the narrative.

Yet another cultural myth addressed is the polio persona which comes to prominence in Edmund Sass’s contribution, *Polio’s Legacy*. Polio patient Jeanne Molloy describes the illness as ‘a great bonding experience’.<sup>105</sup> Sass concludes that there were ‘tendencies to minimize the extent of one’s disability’ and even ‘positive outcomes’ were identified by many.<sup>106</sup> In *Polio Voices*, another oral-history source book that Roth consulted, the authors distinguish an ‘upbeat

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<sup>99</sup> Ibid., p. 184.

<sup>100</sup> Ibid., p. 189.

<sup>101</sup> Ibid., p. 70.

<sup>102</sup> Philip Roth, *Nemesis* (London: Jonathan Cape, 2010), p. 7. Further references to this book are given after quotation in the text.

<sup>103</sup> Rogers, p. 173.

<sup>104</sup> Ibid., p. 137.

<sup>105</sup> The book assembles thirty-five first-person accounts of polio survivors and tells a restitution narrative; Sass, p. 166.

<sup>106</sup> Ibid., p. 268 and p. 272.

outlook' in many polio patients.<sup>107</sup> With Arnie Mesnikoff Roth presents a polio case of perseverance, and with Bucky Cantor Roth establishes an anti-hero to the polio persona, who since Franklin D. Roosevelt was meant to beat the odds and 'fulfill their dreams'.<sup>108</sup> Simultaneously, however, Bucky can be seen as devoting his life to tenacity, compassion, a sense of duty and responsibility. This makes Bucky Cantor an ambiguous patient figure superseding and extending any straightforward notion of the polio persona, an idea I shall now explore further.

### 5.3.2 Polio and the possibility of art

As mentioned above, one way to read *Nemesis* is by interpreting it as a tragedy. Unlike in *Everyman*, Roth focuses on a single disease here. In the first third of the book Roth explores the polio myths in the Newark community and goes on to delineate the cases of polio in Bucky Cantor's playground team. The notion of illness as an interpersonal event (as established in *Patrimony* and *Everyman*) is now taken further by Roth. The narrator introduces Bucky Cantor, the playground director, with a description that links character to body and heritage conveys 'the force of his appearance' (p. 12). The first thing the reader learns about Bucky is his 'poor vision' and the obstacles he's had to face because of it (p. 10). Nevertheless, the narrator then tells us that Bucky had the 'compact body' of 'a superior athlete' (p. 11) and that he was physically '*constructed*' to be a war hero (p. 130). In the description a notion of mixed race is apparent when the narrator observes that 'His full lips were as well defined as his muscles' and his 'eyes long and narrow like an Asian's' (pp. 11-12). With these hints at mixed race the narrator takes up the topic of Jews as racial chameleons (an idea that regularly comes up in Roth's work). Here Roth establishes a notion of Bucky as the Jew who looks like the racialised 'Other' Roth had already explored in the figure of Coleman Silk in *The Human Stain* (2000).

Bucky's ambiguous appearance is further emphasised by his high-pitched voice. Consequently, his masculinity very much relies on him overcoming what he has been dealt originally by means of his willpower. This notion comes to prominence even more when the narrator explains Bucky's family heritage. Heritage finds entry into the narrative with the discourse on Bucky's family in connection to his body. The reader learns that his mother died in childbirth and his father was a thief 'convicted of larceny for stealing from his employer to cover his gambling debts' (p. 19). Bucky is raised by his 'big, bear-like, hard-working grandfather' who imposes restraint on the boy (p. 19): 'The grandfather saw to the boy's masculine development, always on the alert to eradicate any weakness that might have been bequeathed [...] by his natural father' (p. 22). Bucky is meant to meet his heritage with tenacity. By lifting weights and moulding his body to an ideal, Bucky builds up his body as edifice

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107 Silver, p. 126; Nancy Arnold comes to a similar conclusion as she states that out of six cases five were described as 'persistent in pursuing their goals'. Nancy Arnold, 'Psychologic Aspects of Pediatrics', *The Journal of Pediatrics*, 45/3 (1954), 347-361 (p. 353).

108 Ibid. p. 9.

against the father's weak character. Once again the body turns out to be dependent on interpersonal dynamics as the grandfather demands physical strength holding that 'a man's every endeavour was imbued with responsibility' and thus from now on Bucky's ideals of masculinity are grounded in the restrained, rational Apollonian body comparable to Gustav von Aschenbach during his life in Munich (p. 22). Resonating with Nietzsche's assumption about the Apollonian through cognitive activity and tenacity, Bucky tries to make intelligible 'an intrinsically unordered world'.<sup>109</sup> Roth thereby falls back on his own interpretation of Gustav von Aschenbach as representing 'high-minded seriousness' in his 1974 essay 'Imagining Jews'. The ideal is a man dedicated to higher values and morality, with such abstract qualities reflected in his body. The nice Jewish boy strives to be like his future father in law, Dr. Steinberg (p. 84). Bucky's body is the space where the father's weakness is meant to be eradicated by a 'gutsy, spirited, strong-willed fortitude'. His strength derives from the conviction that his ideals of tenacity and restraint count higher than his heritage. They have to be put first in order to maintain control and order. Nevertheless, at the bottom of this identity concept may lie a notion similar to Hans Castorp's experience of life as 'infektiöse Erkrankung der Materie' [an infectious disease of matter] resonating with Nietzsche's assertion that to be human means to be sick (p. 398; Woods, pp. 338-339).

During the onset of the polio epidemic and growing panic in the Weequahic community, Bucky seemingly goes from strength to strength. He fearlessly meets the 'spectre' of polio haunting the community and is the one to offer consolation and reason. He delivers a speech to the children wherein he stresses rationalism in the face of the threat: 'Polio is a disease that we have to live with' (p. 29). Nevertheless, at this point he already begins to imbue the disease with metaphor when he speaks of the 'germ of fear' that has to be withstood. Bucky thereby refers to the older discourse on polio as a bacterial disease and shows that the pragmatic, enlightened mask he puts on may easily be replaced by older convictions about the disease. This shows when one of the first boys in Bucky's playground group who dies is Alan Michaels, the sports ace. When Alan Michael's father asks Bucky '“Where is the fairness in that?”' Bucky replies '“There is none”' (p. 27). At Alan Michael's funeral his aunt remembers her nephew wanting to become 'another Louis Pasteur' (p. 71). Roth underlines the high hopes that were put into science and simultaneously emphasises its helplessness. The turning point occurs when Bucky abandons his pragmatic view on disease and suddenly feels the 'lunatic cruelty' (p. 75) of God who has now turned into 'a feared crippler'.<sup>110</sup> The perception of the disease as god sent was not uncommon at the time as the sources Seavey cites confirm.<sup>111</sup> With the idea of the disease as punishment Roth takes recourse once more to *A Paralyzing Fear* where Charlene Puggleasa, who contracted polio at the age of thirteen, recalls that 'I wondered if

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109 Nussbaum, 'Nietzsche, Schopenhauer, and Dionysus', p. 359.

110 Silver, p. 3.

111 Seavey, p. 122 and p. 237.

I was being punished by God'.<sup>112</sup> The downfall of Bucky, the Apollonian, is closely related to his loss of faith and an overwhelming anger against God 'who made the virus' and whose instrument Bucky feels he has become (p. 127). This resonates with the conviction of *The Old Testament* that sin brings on disability, a notion that still figured prominently in American society in the 1940s.<sup>113</sup> As in the case of Gustav von Aschenbach it is the surroundings which bear the sign of illness and death before the protagonist himself develops symptoms. The narrative leaves open at which point Bucky gets infected.

In the narrative, different medical interpretations of the disease coexist: Bucky's early rational, democratic outlook conflicts with the irrational fear in the Weequahic community based on a miasmatic explanation of the disease and his own turn towards a moralistic interpretation of disease. In his account of Bucky's case, Roth relies on the medical information obtained through case literature but charges the discourse on polio with questions of religion, identity, and heritage. In his dialogue with Mann's illness mythologies he emphasises the hybridity of the medical case history. Most importantly though, Bucky's infection can be interpreted within the frame of the hollow ideal of the Apollonian body. Roth plays with several sources of infection for Bucky which I want to discuss in relation to *Death in Venice*. First there is unclean Horace, the local "'moron'" (p. 40), with a 'sunken' chest 'and his scrawny marionette arms' who insists on shaking everybody's hands (p. 117). There are the Italians and the 'sputum spread over the wide area of the pavement' (p. 16). With these possible sources Roth takes up the social fears attached to germ theory. There is also, however, another, more plausible source of infection outside science. One night during the epidemic, after his 'aimless stroll halfway across the city', Bucky finds himself in front of Marcia's parents house (p. 95), where Marcia's father Dr. Steinberg reassures him about his position and the disease and Dr. Steinberg offers Bucky some fruit: 'He bit into a delicious peach, a big and beautiful peach like the one Dr. Steinberg had taken from the bowl [...] savoring every sweet mouthful right down to the pit' (pp. 106-107). There are distinct elements of Mannian illness symbolism from *Death in Venice* to be found here. Not only does Bucky's 'aimless stroll' relate to Gustav von Aschenbach's trip into the 'Gewirr der kranken Stadt' [the depths of the sick city], the possible source of contagion that both narratives identify, is the fruit that the characters are offered. Aschenbach buys 'überreife und weiche Ware' [overripe and soft strawberries] and eats them whilst walking (pp. 520-521; Luke, p. 263). Food as cultural locus of anxiety and medical cure is thus explored. Eating the fruit challenges the boundaries between the self and the outer world. Roth confronts a Mannian theme in that Bucky, too, breaches a dietetic rule by eating the luxurious peach. When chasing Tazio in a Dionysian frenzy, Gustav von Aschenbach commits a hygienic breach by eating the strawberries with his hands. He incorporates the sick city and

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112 Ibid., p. 123.

113 Couser, p. 181; Richard Owen, who contracted polio when he was twelve, mentions that his mother 'got a number of calls from people who questioned whether there was one awful sin besides original that happened, that caused this bullet out of the blue to strike my family'. Seavey, *A Paralyzing Fear*, p. 237.



eventually turns into a part of it. The oral act mirrors his indulging in *sentimentalisch* longing. Bucky too indulges in a vision of a different life that bears *sentimentalisch* connotations. With the sweet taste of the peach still in his mouth he asks Dr. Steinberg for Marcia's hand and commits a crucial violation of class boundaries. In the cases of Gustav von Aschenbach and Bucky Cantor, contagion is anticipated by a lack of social and geographical orientation. Like Aschenbach, Bucky abandons the Apollonian credo of reason in his sudden worship of libido. By devouring the fruit both characters are 'stepping outside what fate has given' displaying the *sentimentalisch* mind.<sup>114</sup> Such an act of transgression links in with a very early Mann narrative.

In Mann's short story 'Der kleine Herr Friedemann', the disfigured protagonist's high ideals are challenged by a vicious female figure.<sup>115</sup> Marcia, Bucky's girl-friend is depicted more sympathetically. However, she also confronts the hero with the question of happiness and whether he deserves more than he has: freedom from the polio threat and a different life in the doctor's family outside the narrow surroundings of Weequahic. She tears down the edifice by encouraging the protagonist to leave the playground and thus commit a deed 'so out of keeping with who he really was' (p. 137). In retrospect, Bucky explains the moment of infection as foreseeable: 'from the moment he'd agreed to the Indian Hill job, he was sure he'd come down with polio and lose everything' (p. 151). The violability of his masculinity through polio thus appears as closely linked to Marcia's will. As Edward Docx observed, by acting against his morality, Bucky becomes 'a man divided against himself'.<sup>116</sup> Bucky now stands in the tradition of Jean the elder who provoked the downfall of the family with his betrayal of his son, Gotthold, as well as the protagonist in *Everyman* who has two lost sons. Through the female figure, both authors ironically undercut the high Apollonian, masculine ideals established earlier. Furthermore, Bucky's *naiv* turn away from the clinical explanation for the disease also alludes to the complicated notion of masculinity that is created in *Death in Venice*. Like Mann, Roth also generates a space in which to create a personal myth of illness which is closely related to the relinquishment of clear-cut ideals of masculinity. This is represented through Aschenbach's turn away from the male sphere of science in the form of the microbiological explanation of the cholera. The infection after Bucky's decision against tenacity and for leaving the city to be with Marcia is a fatal blow to the masculine body from a medical historical perspective. As demonstrated, Bucky regularly refers to an older view of polio as inflicted by germs. Infection as conceived in germ theory means the penetration of membranes. Sexually, infection thus stands for 'an unmaning, the humiliating assumption of a passive sexual role' as Laura Otis has pointed out. The blow to Bucky's masculinity polio represents can be explained in terms of

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<sup>114</sup> Coetzee.

<sup>115</sup> Mann casts Gerda von Rinnlingen as, in Nietzsche's terms as the 'kranke Weib' [sick woman] who digs up 'die begrabensten Dinge' [she grubs up again the most buried things]. Friedrich Nietzsche, *Zur Genealogie der Moral*, VI/II, p. 388; Samuel, XIII, p. 159.

<sup>116</sup> Edward Docx, 'Nemesis by Philip Roth', *The Observer*, 3 October 2010, <<http://www.guardian.co.uk/books/2010/oct/03/philip-roth-nemesis-book-review>> [accessed 10 January 2013].

‘sexual paranoia’ and creates a feminizing effect.<sup>117</sup> In this hint at a perverted masculinity, the idea of the weak willpower – represented in the onset of disease – plays a central role. Not surprisingly, after Bucky has fallen ill, his story is one of the decline of male heirs who have lost their power over the text of life. Bucky is now described as a maimed and interred man as opposed to the grandfather, ‘the tenacious grocer’ (p. 90).

At the end of the summer Bucky leaves his job at the Newark playground to work in the safer summer camp. After seven days the disease breaks out there, forty-eight hours later he is in hospital. The incubation period of three to thirty days makes the scenario Roth creates medically plausible. Arnie Mesnikoff, presumably, sets out to tell the story of Bucky’s struggle in a larger than life tone that recalls Mannian illness symbolism:

And finally the cataclysm began – the monstrous headache, the enfeebling exhaustion, the severe nausea, the raging fever, the unbearable muscle ache. Followed in another forty-eight hours by the paralysis. (p. 238)

The parallels to ‘a case of typhoid fever’, Hanno Buddenbrook, cannot be overlooked. One could say Roth, too, has applied ‘höheres Abschreiben’ [a higher form of copying] here.<sup>118</sup> Roth uses a language full of violent and mythical imagery linking the onset of the disease to ‘monsters’ and ‘rage’. As in *Buddenbrooks*, focus lies on the head. In the typhoid case the narrator asserts ‘das Gehirn schmerzt’ [headaches] (pp. 751-752; Woods pp. 723-724). Bucky’s ‘Enfeebling exhaustion’ corresponds with Hanno who is ‘blaß, in seinen Knien war gar keine Kraft’ [very pale, his knees had gone weak] (pp. 749-750; Woods p. 721). This happens after Hanno has attempted his first sincere act of artistic creation at the piano, taking up ‘jenes erste, rätselhafte Motiv’ [that enigmatic theme], which also points to the prime act of immorality committed by Johann the elder as shown in Section Two (pp. 749-750; Woods p. 721). Bucky, too, has re-enacted his own father’s weakness with his flight from the Weequahic playground. Both Roth and Mann, thus configure illness by reverting to older moral explanations of disease and both elevate illness onto the level of tragedy. When the narrator concludes ‘we never saw Mr. Cantor in the neighbourhood again’ he emphasises almost chorus-like the distance between the playground boys and the case of Bucky Cantor. The perspective from which these points are made is still mysterious. Roth imbues the telling of Bucky’s illness and convalescence with confusing movements of identification and dis-identification on the account of the narrator, Arnie Mesnikoff. The narrator reproduces Bucky’s feverish thoughts concerning Donald Kaplow, his diving pupil: ‘Donald the diver [...] Donald the naval-air-pilot-to-be no longer powered by his lungs and limbs!’ (p. 239) The intimacy of thoughts within the case narrative raises doubts as to who really tells this story. Is it Arnie Mesnikoff or is it Bucky Cantor? Or even an omniscient narrator?

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<sup>117</sup> Otis, p. 7.

<sup>118</sup> Letter by Thomas Mann to Theodor W. Adorno, 30 December 1945, in *Briefe II*, 469-472 (p. 470).

As in *Everyman* there are case pairings through which illness is narrated. Donald Kaplow is the other case in the hospital ‘no longer powered by his lungs and his limbs!’ (p. 239). The notion of the Cartesian body as ‘animated corpse’ and a machine which can be actively manipulated, is evident here.<sup>119</sup> The father-son relationship previously presented in *Patrimony* appears here as perverted, as Bucky thinks he has infected Donald, ‘the son’. Once more clinical medicine fails and Donald Kaplow dies. After the mention of Donald Kaplow, a more distanced case narrative and Bucky’s convalescence history follow. Bucky lives but his life, too, will remain ‘corpse-like’. He becomes the anti-polio persona in the account Arnie Mesnikoff gives, and the moralistic stance he takes on illness is presented as highly destructive. Roth also refers to another cultural paradigm with the ‘renunciation’ theme, namely Bucky’s Jewish heritage and the imagination of Jewishness as closely tied to penance and Apollonian renunciation.<sup>120</sup> The war metaphor is often used by Bucky and mirrors his sense of failure for getting ill thereby emphasising his ‘exacerbated sense of duty’ (p. 273). To Bucky, the body thus becomes the ‘showplace of a trial’ where ‘the betrayal of the body reveals it to be the ‘antithesis of the soldier’s body’, a notion already distinguished in Novotny’s case in Part Four.<sup>121</sup> A sense of a ‘process of perpetual probation’ thus re-enters Roth’s narrative here.<sup>122</sup> The restitution narrative which conceives of illness as a war that can be won has the potential to give strength, but in the case of Bucky Cantor the breakout of ‘the War’ is the point where ‘tragedy’ turns into ‘guilt’.<sup>123</sup>

Once disabled, Bucky attempts to rebuild an Apollonian edifice. Again restraint, as in *Herr Friedemann*’s case, seemingly becomes the centre of his life and is crucial to what is to become a dystopian reinvention of the self: ‘What I don’t have, I live without’ (p. 249). But this notion, also central to the conception of the self in ‘Little Herr Friedemann’, is uncovered as an illusion: ‘What I’ve lived with mostly all these years [...] is Marcia Steinberg’ Bucky admits eventually (p. 250). However, against the background of Mann’s illness mythology it is possible to question this version of the self the figure Bucky creates. Instead both, his idealization of the Apollonian and his turn to frenzy in his rejection of the world, being ‘intoxicated by his illness’ are shown to be destructive of identity. Thus Roth, too, implies the call for Nietzschean balance through the Apollonian tragedy created. The narrative displays a mistrust of Bucky’s version of himself which I will investigate in the following.

If one perceives of Bucky’s rejection of Martha as a voluntary, aggressive act, the ideal of Apollonian restraint is undercut. Like Herr Friedemann, Bucky gives in to *sentimentalisch* longing but, eventually, instead of being rejected he *rejects* the world and Martha. Roth thus confronts the dilemma between frenzy and restraint and renegotiates masculinity. It is important

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119 Leder, p. 20.

120 Roth writes ‘renunciation is all’ in his article ‘Imagining Jews’, p. 26.

121 Gilman, *The Jewish Patient*, p. 68.

122 Brauner, *Philip Roth*, p. 22.

123 Frank, *The Wounded Storyteller*, p. 100.

to note that the tragedy of infection is accounted for in retrospect and thus fashioned in a certain way by Bucky Cantor. The source of infection remains opaque, and the narrator is ambivalent over whether there is any connection between the transgression of social and moral boundaries, or whether falling ill is just a coincidence. In this context, the consequences Bucky himself draws from the infection by interpreting the polio outbreak as his fault allow him a form of metamorphosis that otherwise would be impossible: to turn from an average boy into a 'medical enigma' and enact (emotional) excess under the veil of restraint (p. 264).

This becomes evident in the fact that after the incident in camp, Bucky relates his fate to a contemporary cultural narrative. He tells Arnie Mesnikoff 'I was the Typhoid Mary of the Chancellor playground.' (p. 248) Typhoid Mary, the 'polluted woman', indeed bears striking resemblances to Bucky's case.<sup>124</sup> Mary Mallon was an Irish woman who had emigrated to the US as a teenager and worked as a cook in the New York area. She contracted typhoid fever around 1900 with only mild symptoms. Between 1900 and 1907 she infected around twenty-two people. Her peach dessert turned out to be the source of contagion in most cases, emphasising the contagious qualities of the peach Bucky eats. The authorities then forbade her to earn her living by cooking and put her in isolation on North Brother Island. After being released, she returned to cooking several times despite the prohibition and was sent back to exile for the rest of her life. As Judith Leavitt convincingly argues, Mary Mallon's underdog status in society prompted her bad treatment and the fact that she was considered dangerous.<sup>125</sup> Eventually her name became a 'metaphor for a dangerous person' who should be 'reviled and avoided'.<sup>126</sup>

Bucky represents this notion in a twofold way. In the narrative Arnie, the narrator, pities him because of his isolated status. Within the community in the novel Bucky inhabits the role of the 'aberrant 'other''.<sup>127</sup> The notion of the 'aberrant 'other'' also plays an important role for Roth's negotiation of the artist-self that he outlines in his 1974 essay, 'Imagining Jews', and relates to the question of artist-identity once again. In his article, Roth explores the role of Jewish writers in society after the publication of *Portnoy's Complaint*. Roth writes that he always had in mind the aim of becoming a writer like Gustav von Aschenbach, who followed his protestant work ethic in his constant 'ascent to honor'.<sup>128</sup> He contrasts this position of the writer who has made a 'shameful secret of his sexuality' with himself. After the publication of *Portnoy's Complaint*, Roth relates that he conceived of himself as having challenged the identity of the Jew in the 'post-holocaust decades' as restrained and righteous and by usurping this ideal, he had committed a 'criminal transgression'.<sup>129</sup> Like Typhoid Mary, he faced the accusation of polluting the community by critics such as Mary Syrkin and Irving Howe. The figures of Typhoid Mary and Gustav von Aschenbach thus stand at opposing ends of the

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124 Judith Leavitt, *Typhoid Mary* (Boston: Beacon Press, 1996), p. xvii.

125 Leavitt, p. 125.

126 Leavitt, p. 127.

127 Leavitt, p. 108.

128 Roth quotes *DiV* in his article 'Imagining Jews', p. 22.

129 Roth, 'Imagining Jews', p. 24.

spectrum and represent two points of identification for the writer Philip Roth which his work assembles.

However, it is Bucky himself who makes the comparison with Typhoid Mary which delivers decisive clues about this character's rhetorical strategies. With his reference to Typhoid Mary, he connects his own story to a powerful medical case narrative. Bucky works hard to establish a notion of himself as the rejected Job-like figure who has to endure tragedy. He thereby veils the aggressive act he has committed by rejecting Marcia. Through the figure of Typhoid Mary, he emphasises his special status standing outside normal life. The identification with Typhoid Mary thus serves the highly narcissistic aim of fashioning the self, transforming the Job trope into a self-empowered figure. Looking at the narrative perspective, it becomes even clearer how Roth applies Mannian ambiguity in his exploration of the polio theme and secretly commits to Nietzsche's demand for balance.

The narcissistic self that becomes evident through Bucky's interpretation of polio also raises questions about art. As a last step I want to turn to the possibilities the polio paradigm offers Roth in the negotiation of art, as positive notions of knowledge and creativity also form a part of Bucky's story. According to J. M. Coetzee, who has been one of the very few critics to question the authority and righteousness of the 'we' narrator Arnie Mesnikoff, Bucky's case history is more complicated than assumed by most critics who have shed a purely negative light on Bucky. Arnie Mesnikoff only reveals himself late in the narrative, on page 241. Before that he has been hidden behind an enigmatic 'we'.<sup>130</sup> He, too, has suffered from polio but represents the 'polio persona' with an upbeat outlook and a successful life. In the last third of the book he exerts harsh judgment on Bucky. He describes him as having the 'aura of ineradicable failure' and asserts that 'he had not in the least accustomed himself to having lost so much' (p. 246). Arnie contributes to the picture of Bucky as the aberrant 'other' and the Job figure. Opposed to Arnie's convincing version of his life, Bucky's interpretation of himself as 'the arrow' accounts for a highly narcissistic interpretation of illness (pp. 270-273). Through the narrator's perspective the two-sided nature of Bucky Cantor comes to light: the tragic figure and the narcissistic figure who chooses illness to stand out. If seen in this context illness produces something of an 'intellectual quest' in the novel though. Polio thus passes a paradoxical influence in the realm of knowledge, too. As in the closing scene of *Buddenbrooks* where illness becomes the mythical entrance to go down the 'fremden, heißen Wege' [strange, hot path] of the mind, Bucky experiences polio as a challenge to older convictions about life. With the beginning of the polio outbreak the reader learns that:

For someone who had previously found in diligence and hard work the solution to all his problems, there was now much that was inexplicable to him about why what

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130 Philip Roth explained this with the fact that he did not want to tell Arnie's personal history but only his polio case history.

happens, happens as it does. (p. 154)

Illness thus raises an epistemological urge, as in Hans Castorp's case (p. 754; Woods, p. 725). In *Polio's Legacy*, polio is described as a stimulant by the patient Len Jordan who says that 'polio pushed me to broaden my horizons'.<sup>131</sup> The fact that 'the unimaginable' is happening at home causes Bucky Cantor to question the foundations of his creed (p. 161). His humane ideal of ethical and social sympathy for the children who are falling ill and the overall feeling of responsibility for others fosters feelings of guilt and anger in him. If this seems irrational, it is also honourable in its own right. Bucky's fantasy of a Sun ritual as a substitute for praying to a cruel God at Alan Michael's funeral resonates with Hans Castorp's dream of the *Sonnenleute* where an alternative to old convictions about life is introduced (p. 242). Bucky thinks of a 'ritual sun dance' as an alternative to worshipping a God who kills (p. 75). He has thus developed the idea of worshipping death in life, a very Mannian notion of the reconciliation of differences. Bucky's rejection of life also alludes to Nietzsche's definition of man: 'Sein Nein, das er zum Leben spricht, bringt wie durch einen Zauber eine Fülle zarterer Ja's an's Licht [...] hinterdrein ist es die Wunde selbst, die ihn zwingt, zu leben...' [His 'nay' which he utters to life, brings to light as though by magic an abundance of graceful 'yeas' [...] it is subsequently the wound itself that forces him to live].<sup>132</sup> Bucky, too, in his role as the aggressor not the victim, rejects conventional life and instead defines himself by his 'wound': 'I'm a medical enigma'. He fashions himself as representing metaphysical aloneness and transporting a narcissistic interpretation of his illness which makes him a mystery (p. 264). Roth thus alludes to Mann's idea of the nobility of illness which he established in his essay 'Goethe and Tolstoy'. The idea that illness enhances the workings of the mind and adds to inspiration has been laid out by Mann on many occasions, both in his fiction and theory. Roth takes up this notion with Bucky Cantor. While in Bucky the disability does not foster artistic ambitions unlike in Friedemann's case, nevertheless, through his initial quest to escape a life bound completely by restraint and in his *sentimentalisch* longing for a different life, Bucky comes to tell his story to the narrator and thereby reveals a central Mannian notion: the conversion of bodily disorder into art. On the level of the novel, bodily disorder initiates working through in the form of storytelling and the telling of cases. Despite the notion that there can be no catharsis for the characters, here the Mannian myth of creativity is evident. With the onset of the polio epidemic Bucky, the Apollonian, is confronted with the struggle against his tainted heritage with new force and his dubious Apollonian sense of masculinity is threatened by romance as a Dionysian form of longing comes to light.<sup>133</sup> Polio therefore becomes a motor for telling the story of a character who can be read in two ways: as a Job-like figure whose masculine ideals and moral standards are revealed as false by illness, and as the narcissistic storyteller who appropriates

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131 Sass, p. 142.

132 Friedrich Nietzsche, *Zur Genealogie der Moral*, VI/II, p. 385; Samuel, XIII, p. 156.

133 Arnold, p. 354.

illness in order to make a spectacle of his suffering and reject the world. This ambiguity of the Dionysian and the Apollonian in the narrative makes Bucky Cantor a protagonist born out of the Mannian perspective on illness. The *naiv* prohibition for the artist to gain *Wissen* remains powerful. As does Mann in his opaque discourse on the cholera represented through Aschenbach's turn away from the male sphere of science in the form of the microbiological explanation of the cholera, Roth, too, generates space with his case narrative in order to create his personal myth of illness which is closely related to the relinquishment of clear-cut ideals of masculinity

## **VI. Conclusion: ‘To tell the story of a man’s life through his illness’ (pp. 207-211)**

Part Five of this thesis has been concerned with the ways medical discourse and Mannian illness mythologies feature in Philip Roth’s later works. Roth now appears as a writer who has found a major theme in the disordered body as it becomes the source for several powerful and multifaceted ‘letting go’ scenarios. In *Patrimony* the father’s case turns into a way to narrate a life deeply embedded in relationships. Here illness turns into an interpersonal, intergenerational experience that relies on the humane ideals Hans Castorp identified on his journey: life and death belong together as well as illness and health. ‘Letting go’ is now redefined as the end of frenzy and the beginning of a deeply felt process of saying goodbye to a loved person through writing. Nevertheless, with his next book, *Everyman*, Roth undermines this sense of synthesis. Here he tells the story of the missing ‘other’ through the more solipsistic *Everyman*. With the motif of ‘the man divided against himself’ who ‘must fall’ Roth closely relates his illness symbolism to *Buddenbrooks* with the notion of a physical decline that is anticipated by moral flaw and the dangers of a *sentimentalisch* consciousness. Like Mann, Roth now displays a view of ‘the individual psyche as layered and sedimented with ancestral inheritances’ and negotiates these inheritances through the body in disorder.<sup>134</sup> The decision against medical technology which would afford a humane ‘letting go’ is no option here. Instead Roth emphasises the violence of surgery. In *Nemesis* Bucky Cantor meets a hereditary notion of the weakness of willpower with Apollonian ideals of masculinity and responsibility. Here another important motif, that of the transgression of social and physical boundaries, comes to the fore. When Bucky falls ill, this identity concept is shown to be highly self-destructive and he turns into an ambiguous figure caught between tragic hero who turns to renunciation and narcissistic author of his own case. The notion of renunciation is pervasive in *Nemesis* and stands in continuous contrast with the *sentimentalisch* longing that is expressed by Bucky Cantor. Polio comes to symbolise these antagonistic forces and thus turns into a highly ambiguous state which can do both, destroy the self and afford art - a Mannian position indeed.

Philip Roth’s later works emphasise his commitment to the disordered body and to case language as a means to draw a multi-layered image of the self and art. Illness remains an enigma as it reduces the self to just the body and scientific positivism is shown to be impotent. It can also, however, serve to create – a Mannian paradoxical perspective that underlies all the Roth texts examined in this thesis. In this first book-length analysis of the literary relationship of Thomas Mann and Philip Roth based on medical material in their writing, it is evident that Philip Roth’s appropriation of Thomas Mann’s illness mythologies forms an important part of his oeuvre and that Philip Roth’s reading of Mann as philosopher of illness is plausible. By shedding light on the hidden Mannian perspective in Roth’s illness narratives, it is clear that

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134 Robertson, ‘Primitivism and Psychology’, p. 90.



Roth is committed to Mann's view on the *sentimentalisch* artistic self and the electric ambiguity of Dionysian frenzy and Apollonian restraint placed in the disordered body. This supersedes the notion of the realist vision of illness one might attribute to the works by Roth considered here. Through this thesis it could be shown that both authors engage with the *sentimentalisch* artistic self that faces abjection and works through it – in Roth's case this working through is often depicted as failing on the level of the characters, but on the level of the novel, bodily disorder functions as a highly productive source for art. Much of Roth's satirical stance in regards to the disordered body is grounded in Mann's literary approach towards the subject. And through Thomas Mann, a representative of a literary tradition of high-minded seriousness embedded in nineteenth century German thought, Roth's affiliation with nineteenth century case writing and art can be understood more fully. The analysis of the role of medical discourse in the form of the medical case history has shown that both authors draw on the hybridity inherent in this genre as it has its roots in curious discourse on the body *and* strives for a clinical account of the individual. It forms a 'third space' in their narratives that complicates the status of the physical. In considering the case history as a rhetorical structure that throws into relief medicine's wider ramifications for the rest of culture – in this case literature and the artistic self – this thesis has contributed to bridging the gap between medicine and literature. Medical narrative in both authors' works stands as a cipher for an evolving aesthetic position and a consolidating sense of the artist-self that relies on a deeply ironic sense of electric ambiguity as developed by Thomas Mann when 'tell[ing] the story of a man's life through his illness'.

Due to the status of Philip Roth and Thomas Mann as giants of twentieth-century literature this thesis had to be based on a selective rather than a comprehensive choice of material. One of the major works that should be mentioned as an outlook is Thomas Mann's novel *Doktor Faustus* on which he worked between 1943 and 1947. In the novel Thomas Mann takes up his illness mythology again and places it in the context of the Faustus theme and of German consciousness during the Third Reich. The medical background of the novel is the syphilis Adrian Leverkühn, the composer and genius, suffers from. The second important case in the novel is Nepomuk, Adrian Leverkühn's little nephew, who falls ill with meningitis and dies from it at the end of the novel.<sup>135</sup> As one of Mann's last major works the novel bears interesting insights as regards the continuity of medical themes in Thomas Mann's oeuvre. Indeed the doctors have undergone remarkable change. The sympathetic but mostly helpless medical professionals in *Buddenbrooks* and the dubious doctors Krokowski and Behrends are now replaced by the seductive devil-doctor whom Adrian Leverkühn draws a pact with.

With the fact that Mann establishes Leverkühn's choice of illness, in this case the infection with syphilis in exchange for creativity, Mann revives his older convictions about illness and creativity. However, other than Hans Castorp, who is neither sincere artist nor

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<sup>135</sup> Nepomuk, the child Adrian Leverkühn dearly loves, will be taken away from him by meningitis. This is one of the most controversial scenes in the novel as Mann had given Nepomuk character traits of his favourite grandson Frido Mann. The 'murder' of Frido in the novel came as a shock to his readers.

scientist, Adrian Leverkühn is an artist figure who consciously trades moral integrity for musical genius. The humane ideals that played an important role in *The Magic Mountain* are now shown to be secondary to the artist figure Leverkühn. He has been seen as representing two of the most important cultural figures of German culture: Friedrich Nietzsche and Arnold Schönberg. It would be worthwhile considering the question of balance in the novel and also the tension the *sentimentalisch* longing to create raises. Once more the contagion theme is prevalent in the narrative. The symbolically highly charged meaning of syphilis and meningitis can be compared to Mann's earlier depictions of TB, the cholera, and typhoid fever and would be worth considering in depth.

Fragmentation and destabilisation in the form of the physical and mental decline of the protagonist are balanced though the humanitarian narrative of Serenus Zeitblom, the biographer of Adrian Leverkühn. The Apollonian in the shape of Zeitblom's narrative and the Dionysian, as represented by Adrian Leverkühn, are put in particularly interesting relation here. Zeitblom's biography of Adrian Leverkühn could be seen as an eulogy. In its attempt to provide a coherent interpretation of life's 'tangled accidents' it can be related to the Freudian case histories where emotion and rhetoric are intertwined.<sup>136</sup> In the end humanism must fail though. Leverkühn sells his body and soul to the devil in exchange for artistic receptivity. His life ends with complete mental stasis though. Mann configures the rebirth of the German national hero as 'sick' and poses the *Gretchenfrage*: can art ever be anything else than exchange for suffering? As *Doktor Faustus* is a paradigm for the dark road the German people went down in the Third Reich it would also be interesting to look at it as a case of body politics in which the private body becomes a paradigm for a whole nation.

Another piece that holds significance and could not be considered within the limited fram of this thesis is the short story "Die Betrogene" [The Black Swan] (1953), the last work of fiction Mann finished. Rosalie von Tümmeler and her daughter Anna are the female protagonists. The painter Anna has been born with a clubfoot and lives with her mother. She represents a cold, rational outlook on life which she captures in her paintings that are based on geometrical forms. In contrast, her mother Rosalie has an almost mystical admiration for life and finds it difficult to accept that her menopause is setting in. With the encounter of the young English teacher Ken Keaton she suddenly has strong bleedings again and interprets those as a return of fertility. In the end it turns out that Rosalie suffers from cancer and the bleedings are only a sign that life ends for her. With this short story Mann takes up the question what role death should paly in life which he first addressed in *The Magic Mountain*. Furthermore, the motif of a false rejuvenation, as in the case of Gustav von Aschenbach, returns here, too. As in Gustav von Aschenbach's case a late love ends with death. This time, however, Dionysian frenzy is granted much less space. An in-depth consideration of the illness mythologies taken up in this last work

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136 Susan Wells, 'The Rat Man and the Case Study: Genre in Three Keys', *New Literary History*, 34 (2003), 353-366 (p. 364).

of Thomas Mann would be worth considering and might generate insight into what Mann's philosophy of illness had developed into 30 years onwards from when he first outlined it in 'Goethe and Tolstoy'.

As in the case of Thomas Mann, there are several works by Philip Roth that would be worth considering within a wider framework of illness mythology. Firstly, there is his 1972 novel *The Breast*. With *The Breast* Philip Roth, some claimed, had written a parody of Franz Kafka's *The Metamorphosis* [1915] and Nikolai Gogol's *The Nose* [1836]. The short novel in which David Kepesh wakes one morning to find he has turned into a gigantic breast is an experiment in identity closely tied to the physical. It would be worth considering it as a Kleinian case history wherein the breast becomes an epistemological chance, but simultaneously psychoanalysis is outstripped within the absurd frame of the novel. The narrative is concerned with the very literal transformation of the academic David Kepesh into a female breast and could thus be considered as a step towards writing about a curious body that cannot be fathomed by the psychoanalytic paradigm any more. The ambiguous relationship the novel has with both, psychoanalysis and medicine, makes it an interesting piece to look at. 'The anatomy' has become the framework to which the protagonist is now 'narrowed [...] down', but it is not yet acknowledged what this step means: facing the possibility of the annihilation of the body.<sup>137</sup>

An actual illness leading to death becomes tangible in *The Counterlife* (1986). Here Nathan Zuckerman tells the story of his brother Henry, a 40 year old dentist who suffers from obstructive arterial disease and has to choose between two ways of treatment: he can either take medication which renders him impotent or he can undergo radical bypass surgery. Other than the later figure Everyman he has a medical choice. Henry opts for the operation and, like Everyman, dies during the operation. Disease is treated more seriously in *The Dying Animal* (2001). With the story of a late love between professor Kepesh and a student of his, Consuela Castillo, Roth raises issues of a moral nature again. David Kepesh, the literature star, has made a habit of sleeping with his young students. His son depicts him as an Aschenbach like figure who in 'all that devotion to the Higher Life' has forgotten 'about observing ordinary standards of decency'.<sup>138</sup> The issue of Kepesh's egoistic lifestyle is complicated by the fact that his former lover Consuela, 'the other', falls ill and eventually dies. Through illness Roth thus once more negotiates issues of a moral nature in close connection to Mannian figures of fiction.

As a last work by Roth I want to suggest *The Human Stain* (2000) as a novel worthwhile considering within a medical humanities' study. The novel tells the story of Coleman Silk, a college professor, who has lived under the false identity of a Jew covering his black heritage in order to succeed in the academic world. Like Thomas Buddenbrook the masking stands for the refusal of being interpreted and categorised by others. It is another curious case Roth tells that raises issues of identity closely tied to the physical.

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137 Alan Lelchuk, 'On the Breast', in *Conversations with Philip Roth*, ed. by Searles, 65-74 (p. 73).

138 Philip Roth, *The Dying Animal* (London: Vintage Books, 2006), p. 89.

This brief overview over only a few of the possible further sources shows the rich, multifaceted relationship Thomas Mann and Philip Roth have. Future research could be devoted to including archive material into the textled approach demonstrated here. This thesis has shed a first light on the long neglected relationship. From a medical humanities' point of view it could contribute to an intensified sensibility for the symbolic resources that the depiction of illness in literature has. The flexibility of realism could be marked through the text-immanent approach towards the works of Thomas Mann and Philip Roth. The intercultural, comparative ground on which this thesis stands has proven that nineteenth century Eruopean literature, philosophy, and sciences prove more relevant to contemporary American authors than often assumed. It hopes to contribute to the growing interest in comparative studies grounded in a medical humanities' assumption about the literary value of medical writing and the relevance of literature for the medical profession.

*108,030 words*

## VII. Bibliography (pp. 212-234)

### 1. Primary sources, modern editions of authors, early and mid-twentieth century material

#### 1.1 Works and letters by Thomas Mann

Mann, Thomas, *Gesammelte Werke in dreizehn Bänden*, ed. by Peter de Mendelssohn and Peter Bürgin, 2nd edn, 13 vols (Frankfurt a. M.: S. Fischer Verlag, 1974)

——— ‘Goethe: ‘Faust, and Mephistopheles’’, *The New York Times Magazine*, 26 June 1949, p. 10 and 38-39

——— *Briefe 1889-1955*, ed. by Erika Mann, 3 vols (Frankfurt a. M.: Fischer Verlag, 1961-1965; repr. Frankfurt a. M.: Fischer Taschenbuch Verlag, 1992-1995)

——— *Tagebücher*, ed. by Peter de Mendelssohn, 3 vols (Frankfurt am Main: Fischer Taschenbuch Verlag, 1979)

——— *Little Herr Friedemann and Other Stories*, trans. by Helen Lowe-Porter (London: Penguin, 1961), 13-35

——— *Buddenbrooks. The Decline of a Family*, trans. by John E. Woods (New York: Vintage, 1994)

——— *The Magic Mountain*, trans. by John E. Woods (New York: Alfred A. Knopf, 1995)

——— *Death in Venice*, trans. by David Luke (London: Vintage Books, 1998)

——— *Buddenbrooks*, trans. by Helen Lowe-Porter (London: Vintage, 1999)

#### 1.2 Works by Philip Roth

Roth, Philip, ‘Novotny’s Pain’, *The New Yorker*, 27 October 1962, 46-56 (repr. in *A Philip Roth Reader*, ed. by Martin Green (New York: Farrar, Strauss, Giroux, 1989), 261-280

——— ‘The Book that I’m Writing’, *The New York Times*, 12 June 1983

——— *Deception. A Novel* (New York: Simon and Schuster, 1990)

- *Patrimony* (London: Vintage, 1999)
- *Reading Myself and Others* (London: Vintage, 2001)
- *The Dying Animal* (London: Vintage, 2006)
- *My Life as a Man* (London: Vintage, 2005)
- *The Anatomy Lesson* (London: Vintage, 2005)
- *Everyman* (London: Vintage, 2007)
- *Nemesis* (London: Jonathan Cape, 2010)

### 1.2.1 Interviews and Articles

- ‘Imagining Jews’, *The New York Review of Books*, 3 October 1974, 22-28
- in an interview with Terry Gross, *NPR*, 8 May 2006  
 <<http://www.npr.org/templates/story/story.php?storyId=5390578>> [accessed 10 December 2012]
- in an interview with Volker Hage, *Der Spiegel*, 25 August 2006,  
 <<http://www.spiegel.de/international/spiegel-interview-with-philip-roth-old-age-is-a-massacre-a-433607.html>> [accessed 13 July 2013]

Searles, George J., ed., *Conversations with Philip Roth* (Jackson: University Press of Mississippi, 1992)

### 1.3 Other primary texts

- Bickerstaff, ‘Impairment of Consciousness in Migraine’, *The Lancet*, 278 (1961), 1057-1059
- ‘Basilar Artery Migraine’, *The Lancet*, 277 (1961), 15-17
- Bircher-Benner, Max, *Grundzüge der Ernährungs-Therapie auf Grund der Energetik*, 3rd edn (Berlin: Salle, 1909)
- Brav, Ernest A., ‘An Analysis of Orthopedic Causes of Low Back and Sciatic Pain’, *The American Journal of Surgery*, 87/2 (1954), 235-240

*Brockhaus' Konversations-Lexikon*, 14th edn, 16 vols (Leipzig, Berlin, Wien: J. A., 1903)

Burney, Fanny, 'Letter of 1812', in *The Body in the Library: A Literary Anthology of Modern Medicine*, ed. by Ian Bamforth (London: Verso, 2003), 16-20

Carroll, Bret E., ed. *American Masculinities. A Historical Encyclopedia* (New York: The Moschovotis Group, 2003)

Cartwright, David E., ed., *Historical Dictionary of Schopenhauer's Philosophy* (Lanham: The Scarecrow Press, 2005), 118-122

Cyriax, James, *Text-Book of Orthopaedic Medicine*, 4th edn, 2 vols (London: Cassell, 1962),  
I: *Diagnosis of Soft Tissue Lesions*

——— *Textbook of Orthopaedic Medicine*, 7<sup>th</sup> edn, 2 vols (London: Baillière Tindall, 1982),  
I: *Diagnosis of Soft Tissue Lesions*

Ellis, Havelock, *Studies in the Psychology of Sex*, 2nd edn, 7 vols (Philadelphia: F. A. Davis, 1925), III: Analysis of the Sexual Impulse: Love and Pain; The Sexual Impulse in Women

*Encyclopedia of Family Health*, ed. by David Jacoby and Robert Youngson, 3rd edn (New York: Marshall Cavendish, 2005)

Engel, George, '“Psychogenic” Pain and the Pain-Prone Patient', *The American Journal of Medicine*, 26/6 (1959), 899-908

Fishbein, Morris, *The Popular Medical Encyclopedia. The Standard Guide on Health and Disease* (New York: Doubleday, 1946)

Freud, Sigmund 'Bruchstücke einer Hysterieanalyse', in *Gesammelte Werke in achtzehn Bänden mit einem Nachtragsband*, ed. by Anna Freud and others, 4th edn, 19 vols (Frankfurt a. M.: Fischer Verlag, 1969)

——— *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. and trans. by James Strachey (London: Hogarth Press and the Institute of Psychoanalysis, 1953-1957; repr. London: Hogarth Press and the Institute of Psychoanalysis, 1995)

Fried, P. H., and others, 'Pseudocyesis: A Psychosomatic Study in Gynecology', *The Journal of the American Medical Association*, 145/17 (1951), 1329-1335.

- Galen, *On the Usefulness of the Parts of the Body*, trans. by Margaret Tallmadge May, 2 vols (Ithaca: Cornell University Press, 1968)
- Goethe, Johann Wolfgang, *Johann Wolfgang Goethe. Sämtliche Werke. Briefe, Tagebücher und Gespräche*, ed. by Friedmar Apel and others, 40 vols (Frankfurt am Main: Deutscher Klassiker Verlag, 1998)
- *Goethe. The Collected Works*, ed. by John Gearey, 12 vols (Princeton, N. J.: Princeton University Press, 1994)
- Greenacre, Phyllis, 'The Family Romance of the Artist', *The Psychoanalytic Study of the Child*, 13 (1958), 9-43
- Griesinger, Wilhelm, *Die Pathologie und Therapie der psychischen Krankheiten; Für Aerzte und Studirende*, 2nd edn (Stuttgart: Krabbe, 1867)
- Griesinger, Wilhelm, *Die Pathologie und Therapie der psychischen Krankheiten für Aerzte und Studirende*, 2nd edn (Stuttgart: Krabbe, 1867)
- Haase, Ernst, 'Die Seelenverfassung der Tuberkulösen', *Die Therapie der Gegenwart. Medizinisch-chirurgische Rundschau für praktische Ärzte*, 27 (1925), 278-284
- Holmes, Thomas, and others, 'Life Situations, Emotions, and Backache', *The Psychoanalytic Review. An Educational American Journal of Psychoanalysis*, 41 (1954), 273-274
- Horstmann, Dorothy, 'Problems in the Epidemiology of Poliomyelitis', *The Lancet*, February 1948, 273-277
- Jessen, Friedrich, *Lungenschwindsucht und Nervensystem* (Jena: Fischer, 1905)
- Johnson, Samuel, *Rasselas and Other Tales*, in *The Yale Edition of the Works of Samuel Johnson*, ed. by Gwin J. Kolb, 23 vols to date (New Haven: Yale University Press, 1993), XVI
- Kleinschmidt, Hans J., 'The Angry Act: The Role of Aggression for Creativity', *Imago*, 24 1/2 (1967), 98-128
- Koch, Robert, 'Erste Konferenz zur Erörterung der Cholerafrage am 26. Juli 1844 in Berlin', <<http://edoc.rki.de/documents/rk/509-20-60/PDF/20-60.pdf>> first published in *Berliner Klinische Wochenschrift*, 31/32/32a (1884) [accessed 13 July 2013]



- Lahmann, Heinrich, *Die diätetische Blutentmischung als Grundursache aller Krankheiten. Ein Beitrag zur Lehre von der Krankheitsdisposition und Krankheitsverhütung*, 3rd edn (Leipzig: Verlag Otto Spamer, 1894)
- Lorey, Alexander 'Das Röntgenverfahren zur Diagnose der Lungentuberkulose', in *Handbuch der Tuberkulose*, ed. by Brauer, Schröder and Blumenfeld, I, 751-805
- Maxwell, Harold, *Migraine: Background and Treatment* (Bristol: John Wright, 1966)
- Meyers Konversations-Lexikon. Ein Nachschlagewerk des allgemeinen Wissens*, 5th abridged edition, 17 vols (Leipzig: Bibliographisches Institut, 1893-1897)
- Meyers Großes Konversations-Lexikon. Ein Nachschlagewerk des allgemeinen Wissens*, 6th edition, 31 vols (Leipzig: Bibliographisches Institut, 1903-1917)
- Niederland, William, 'Clinical Aspects of Creativity', *American Imago*, 24 1/2 (1967), 6-34
- Nietzsche, Friedrich, *Nietzsche Werke. Kritische Gesamtausgabe*, ed. by Giorgio Colli and Mazzino Montinari, 30 vols in 8 sections (Leipzig, Verlag von E. W. Fritzsche, 1872; repr. Berlin: Walter de Gruyter, 1972)
- *The Complete Works of Friedrich Nietzsche*, ed. by Oscar Levy, 18 vols (Edinburgh: T. N. Foulis, 1909-1913)
- 'Der Fall Wagner. Turiner Brief vom Mai 1888', in *Der Fall Wagner*, ed. and with an afterword by Dieter Borchmeyer (Frankfurt a. M.: Insel Verlag, 1983), 95-123
- Nordau, Max, *Entartung*, 2 vols (Berlin: Verlag von Carl Duncker, 1892), I
- Novalis, 'Hymnen an die Nacht', in *Novalis: Schriften*, ed. by Paul Kluckhohn and Richard Samuel, 3rd edn, 4 vols (Darmstadt: Wissenschaftliche Buchgesellschaft, 1977), I: Das dichterische Werk, 130-157
- *Hymns to the Night*, trans. by Dick Higgins (New York: McPherson & Company, 1984)
- Offizieller Führer durch die Internationale Hygiene-Ausstellung Dresden 1911 und durch Dresden und Umgebung* (Berlin: Rudolf Mosse, 1911)
- Physicians' Desk Reference to Pharmaceuticals and Biologicals*, ed. by Barbara Huff, 24<sup>th</sup> edn (New Jersey: Medical Economics, 1970)

- Poe, Edgar Allan, 'The Case of M. Valdemar', in *The Complete Stories* (London: Everyman's Library, 1992), 829-837
- Predöhl, August, 'Die Geschichte der Tuberkulose', in *Handbuch der Tuberkulose*, ed. by Ludolph Brauer, Georg Schröder and Felix Blumenfeld, 3rd edn, 4 vols (Leipzig: Johann Ambrosius Barth, 1923), I, 1-52
- Rebelsky, Freda, 'Coming of Age in Davos', *Imago*, 18/4 (1961), 414-42
- Rilke, Rainer Maria, 'Der Auszug des verlorenen Sohnes', in *Neue Gedichte* (Leipzig: Insel-Verlag, 1911), 17-18
- Schiller, Friedrich, *Schillers Werke. Nationalausgabe*, ed. by Lieslotte Blumenthal and Benno von Wiese, 43 vols (Weimar: Hermann Böhlaus Nachfolger, 1943- )
- *Der Briefwechsel zwischen Schiller und Goethe*, ed. by Emil Staiger (Frankfurt a. M.: Insel Verlag, 1966)
- Hinderer, Walter, ed., and Daniel Dahlstrom, trans., *Friedrich Schiller. Essays*, The German Library, 17 (New York: Continuum, 1993)
- Schopenhauer, Arthur, *Parerga und Paralipomena*, in *Arthur Schopenhauer. Sämtliche Werke*, ed. by Arthur Hübscher, 2nd edn, 7 vols (Wiesbaden: Eberhard Brockhaus Verlag, 1946)
- Shelley, Mary Wollstonecraft, *Frankenstein or the Modern Prometheus. The 1818 Text*, ed. by Marilyn Butler (Oxford: Oxford University Press, 1998)
- Sweetnam, Michael, ed., 'The Real Problem of Migraine', *The Lancet*, 280 (1962)
- Cooper, Geoffrey and Christopher Wortham, eds, *The Summoning of Everyman* (Nedlands: University of Western Australia Press, 1980)
- Virchow, Rudolf, 'Ueber die Standpunkte der wissenschaftlichen Medicin', in *Archiv für pathologische Anatomie und Physiologie und für klinische Medicin*, 1 (1847), 1-19
- Weber, Max, *Gesamtausgabe*, ed. by Wolfgang J. Mommsen and Wolfgang Schluchter, 32 vols to date (Tübingen: Mohr Siebeck, 1992), XVII: Reden und Schriften, 1-24
- Woolf, Virginia, 'On Being Ill', in *The Essays of Virginia Woolf*, ed. by Stuart N. Clarke, 5 vols (London: The Hogarth Press, 2009), V: 1929-1932, 195-208

Wordsworth, William, 'Prefaces', in *Poetic Works*, ed. by Thomas Hutchinson, revised by Ernest de Selincourt (Oxford: Oxford University Press, 1969)

Zinberg, Dorothy, 'Hans Castorp: Identity Crisis Without Resolution', *Imago*, 20/4 (1963), 393-402

## 2. Secondary sources and criticism

Adams, Tim, 'Forgive Me, My Sons, for I Have sinned', *The Observer*, 30 April 2006  
<<http://www.guardian.co.uk/books/2006/apr/30/fiction.philiproth>> [accessed 25 December 2012]

Albury, William, 'Ideas of Life and Death', in *Companion Encyclopedia of the History of Medicine*, ed. by Porter and Bynum, I, 249-281

Amis, Martin, 'Philip Roth: No Satisfaction', *New Statesman*, 1978, and *Observer*, 1984 (repr. in *The Moronic Inferno. And Other Visits to America* (New York: Viking, 1986), 33-42

Arnold, Nancy, 'Psychologic Aspects of Pediatrics', *The Journal of Pediatrics*, 45/3 (1954), 347-361

Barthes, Roland, *Mythologies* (Paris: Editions du Seuil, 1957)

——— 'The Death of the Author',  
<<http://www.ubu.com/aspen/aspen5and6/threeEssays.html#barthes>> [accessed 25 March 2013]

Baumann, Zygmunt, *Mortality, Immortality and Other Life Strategies* (Cambridge: Polity Press, 1992)

Bauschinger, Sigrid, 'The American Reception of Contemporary German Literature', in *The United States and Germany in the Era of the Cold War, 1945-1990: A Handbook*, ed. by Detlef Junker (Cambridge: Cambridge University Press, 2004), 433-438

Becker, Volker, *Der Einbruch Der Naturwissenschaft in die Medizin: Gedanken um, mit, über, zu Rudolf Virchow* (Heidelberg: Springer, 2008)

- Beiser, Frederick, *The Romantic Imperative. The Concept of Early German Romanticism* (Cambridge, Mass.: Harvard University Press, 2003)
- Bell, Matthew, 'Carl Gustav Carus and the science of the Unconscious', in *Thinking the Unconscious; Nineteenth-Century German Thought*, ed. by. Angus Nicholls and Martin Liebscher (Cambridge: Cambridge University Press, 2010), 156-172
- *The German Tradition of Psychology in Literature and Thought 1700-1840* (Cambridge: Cambridge University Press, 2005)
- Berlant, Lauren, 'On the Case', *Critical Inquiry*, 33 (2007), 663-672
- Berman, Jeffrey, *The Talking Cure* (New York: New York University Press, 1985)
- Bhabha, Homi K., 'Cultural Diversity and Cultural Differences'  
 <<http://monumenttotransformation.org/atlas-of-transformation/html/c/cultural-diversity/cultural-diversity-and-cultural-differences-homi-k-bhabha.html>> [accessed 21 May 2013]
- Bloom, Harold, *Agon; Towards a Theory of Revisionism* (New York: Oxford University Press, 1982)
- *Sigmund Freud* (New York: Chelsea House Publishing, 1985)
- *Thomas Mann's 'The Magic Mountain'* (New York: Chelsea House Publications, 1986)
- Boa, Elizabeth, 'Buddenbrooks: Bourgeois Patriarchy and *fin-de-siecle* Eros', in *Thomas Mann*, ed. by Michael Minden (London: Longman, 1995), 125-142
- 'The Aesthetics of Disgust in *Der Zauberberg*', *Publications of the English Goethe Society*, 78/3 (2009), 131-146
- Brauner, David, *Philip Roth, Contemporary American and Canadian Writers* (Manchester: Manchester University Press, 2007)
- Brooks, Peter, *Body Work: Objects of Desire in Modern Narrative* (Cambridge, MA: Harvard University Press, 1993)
- Burnham, John C., 'America's Golden Age. What happened to it?', *Science*, 215 (1982), 1474-1478

Charon, Rita, 'To Build a Case: Medical Histories as Traditions in Conflict', *Literature and Medicine*, 11/1 (Spring 1992), 115-132

——— *Narrative Medicine. Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006)

Coetzee, John M., 'On the Moral Brink', *The New York Review of Books*, 28 October 2010

<<http://www.nybooks.com/articles/archives/2010/oct/28/moral-brink/?pagination=false&printpage=true>> [accessed 11 January 2011]

Coetzee, John M., 'On the Moral Brink', *The New York Review of Books*, 28 October 2010

<<http://www.nybooks.com/articles/archives/2010/oct/28/moral-brink/?pagination=false&printpage=true>> [accessed 11 January 2011]

De Certeau, Michel, *Heterologies. Discourse on the Other, Theory and History of Literature*, trans. by Brian Massumi, *Theory and History of Literature*, 17 (University of Minnesota Press: Minneapolis, 1986)

Derrida, Jacques, *Of Grammatology*, trans. by Gayatri Chakravorty Spivak (Baltimore: Johns Hopkins University Press, 1976)

Dickstein, Morris, 'My Life as a Man', *The New York Times*, 2 June 1974

<<http://www.nytimes.com/1974/06/02/books/roth1974-man.html?pagewanted=1>> [accessed 4 September 2012]

Dierks, Manfred, *Studien zu Mythos und Psychologie bei Thomas Mann: an seinem Nachlaß orientierte Untersuchungen zum 'Tod in Venedig', zum 'Zauberberg', und zur 'Joseph'-Tetralogie* (Bern: Francke, 1972)

——— 'Typologisches Denken bei Thomas Mann mit einem Blick auf C. G. Jung', *Thomas-Mann-Jahrbuch*, 9 (1996), 127-154

——— 'Thomas Mann und die Tiefenpsychologie', in *Thomas-Mann-Handbuch*, ed. by Koopmann, 284-300

Dittrich, Andrea, *Glauben, Wissen und Sagen; Studien zu Wissen und Wissenskritik im 'Zauberberg', in den 'Schlafwandlern' und im 'Mann ohne Eigenschaften'* (Tübingen: Niemeyer, 2009)

- Docx, Edward, 'Nemesis by Philip Roth', *The Observer*, 3 October 2010,  
 <<http://www.guardian.co.uk/books/2010/oct/03/philip-roth-nemesis-book-review>>  
 [accessed 10 January 2013]
- Dyrness, William A., *Reformed Theology and Visual Culture: The Protestant Imagination from Calvin to Edwards* (Cambridge: Cambridge University Press, 2004)
- Eakin, Paul John, *The Ethics of Life-Writing* (New York: Cornell University Press, 2004)
- Epstein, Julia, 'Historiography, Diagnosis and Poetics', *Literature and Medicine*, 11/1 (1992), 23-44
- Epstein, Julia, *Altered Conditions: Disease, Medicine, and Storytelling* (New York: Routledge, 1995)
- Erde, Edmund L., 'Philip Roth's *Patrimony*: Narrative and Ethics in a Case Study', *Theoretical Medicine*, 16 (1995), 239-252
- Evans, Dylan, *An Introductory Dictionary of Lacanian Psychoanalysis* (London/New York: Routledge, 1996)
- Forrester, John, 'If p, then what? Thinking in Cases', *History of the Human Science*, 9/3 (1996), 1-25
- Foster, Cheryl, 'Ideas and Imagination: Schopenhauer on the Proper Foundation of Art', in *The Cambridge Companion to Schopenhauer*, ed. by Christopher Janaway (Cambridge: Cambridge University Press, 1999), 213-251
- Foucault, Michel, *Power/Knowledge. Selected Interviews and Other Writings 1972-1977*, ed. and trans. by Colin Gordon (New York: Pantheon Books, 1972)
- *Discipline and Punish: The Birth of the Prison*, trans. by Alan Sheridan (London: Allen Lane, 1977)
- *The Birth of the Clinic. An Archaeology of Medical Perception*, trans. by Alan Sheridan (London: Routledge, 1989)
- Frank, Arthur, *The Wounded Storyteller. Body, Illness and Ethics* (Chicago: University of Chicago Press, 1995)
- *At the Will of the Body: Reflections on Illness* (Boston: Houghton Mifflin Harcourt, 2002)

- ‘Dialogical Autobiography’ <<http://people.ucalgary.ca/~frank/Dauto.html>> [accessed 17 December 2012]
- Geldszus, Oliver, *Verzicht und Verlangen. Askese und Leistungsethik in Werk und Leben Thomas Manns* (Berlin: Köster Verlag, 1999)
- Gilman, Sander, *Franz Kafka, the Jewish Patient* (London: Routledge, 1995)
- ‘Psychotherapy’, in *The Companion Encyclopedia of the History of Medicine*, ed. by Porter and Bynum, II, 1029-1049
- Gilotta, David, ‘The Body in Shame: Philip Roth’s Physical Comedy’, in *Playful and Serious. Philip Roth as a Comic Writer*, ed. by Ben Siegel and Jay Halio (Newark: University of Delaware Press, 2010), 92-116
- Glover, Nicola, *Psychoanalytic Aesthetics. An Introduction to the British School* (London: Karnac, 2009)
- Gödde, Günther, ‘Freud and Nineteenth-Century Philosophical Sources on the Unconscious’, in *Thinking the Unconscious; Nineteenth-Century German Thought*, ed by. Angus Nicholls and Martin Liebscher (Cambridge: Cambridge University Press, 2010), 261- 28
- Gooblar, David, ‘The Truth Hurts: The Ethics of Philip Roth’s ‘Autobiographical Books’, *Journal of Modern Literature*, 32/1 (2008), 33-53
- *The Major Phases of Philip Roth* (London: Continuum, 2011)
- Gordimer, ‘Nadine, Lust and Death’, *The New York Times*, 7 May 2006, [http://www.nytimes.com/2006/05/07/books/review/07gord.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2006/05/07/books/review/07gord.html?pagewanted=all&_r=0) [accessed 15 October 2012]
- Gordimer, Nadine, ‘Lust and Death’, *The New York Times*, 7 May 2006, [http://www.nytimes.com/2006/05/07/books/review/07gord.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2006/05/07/books/review/07gord.html?pagewanted=all&_r=0) [accessed 15 October 2012]
- Gordon, Andrew, ‘Philip Roth’s *Patrimony* and Art Spiegelman’s *Maus*: Jewish Sons Remembering Their Fathers’, *Philip Roth Studies* 1 (2005), 53-68
- Gordon, Ken, ‘Philip Roth: The Zuckerman Books’, *Salon*, 26 March 2002 <[http://www.salon.com/2002/03/26/zuckerman\\_2/](http://www.salon.com/2002/03/26/zuckerman_2/)> [accessed 17 May 2012]

- Gorra, Michael, 'Not Letting Go', *Slate Magazine*, 27 September 2010  
 <[http://www.slate.com/articles/arts/books/2010/09/not\\_letting\\_go.html](http://www.slate.com/articles/arts/books/2010/09/not_letting_go.html)> [accessed 5 January 2013]
- Grawe, Christian, 'Eine Art von "höherem Abschreiben": Zum 'Typhus'-Kapitel in Th. Manns 'Buddenbrooks'', *Thomas Mann Jahrbuch* (1992), 115-124
- Greenberg, Gerald, 'Books and Disease 1880-1900', *Libraries and Culture*, 23/3 (1988), 281-294
- Hähner-Rombach, Sylvelyn, *Sozialgeschichte der Tuberkulose* (Stuttgart: Franz Steiner Verlag, 2000)
- Hayes, Patrick, 'The Nietzschean Prophecy Come True. Philip Roth's *The Counterlife* and the Aesthetics of Identity', *The Review of English Studies* (Oxford: Oxford University Press), 18 July 2012  
 <<http://res.oxfordjournals.org/content/early/2012/07/18/res.hgs067.full.pdf+html>>  
 [accessed 24. January 2013]
- Hedin, Benjamin, 'The Measure of All Things: *Patrimony*', in *Philip Roth. New Perspectives on an American Author*, ed. by Derek Parker Royal (Westport: Praeger, 2005), 143-151
- Helman, Cecil, 'Heart Disease and the Cultural Construction of Time: The Type A Behaviour Pattern as a Western Culture-Bound Syndrome', *Social Science and Medicine*, 25/9 (1987), 969-979
- Herwig, Malte, *Bildungsbürger auf Abwegen. Naturwissenschaft im Werk Thomas Mann*, Thomas-Mann-Studien, 32 (Frankfurt am Main: Vittorio Klostermann, 2004)
- Higgins, Kathleen and Bernd Magnus, 'Nietzsche's Works and Their Themes', in *The Cambridge Companion to Nietzsche*, ed. by Kathleen Higgins and Bernd Magnus, 3rd edn (Cambridge: Cambridge University Press, 1999), 21-68
- Hirschauer, Stefan, 'The Manufacture of Bodies in Surgery', *Social Studies of Science*, 21 (1991), 279-319
- Hobbs, Alex, 'Reading the Body in Philip Roth's *American Pastoral*', *Philip Roth Studies*, 6/1 (2010), 69-83



Hoffmann, Fernand, *Thomas Mann als Philosoph der Krankheit. Versuch einer systematischen Darstellung seiner Wertphilosophie des Bionegativen* (Luxemburg: Veröffentlichung der Abteilung für Kunst und Literatur des Großherzoglichen Institutes, 1975)

Hogan, Monika, 'Something so Visceral in with the Rhetorical. Race, Hypochondria, and the Unassimilated Body in *American Pastoral*', in *Philip Roth's America: The Later Novels*, ed. by Daniel Walden and Derek Parker Royal (Lincoln: The University of Nebraska Press, 2004), 1-14

Horden, Peregrine, 'Thoughts of Freud', p. 20; Anthony Storr, 'Psychoanalysis and Creativity', in *Freud and the Humanities*, ed. by Peregrine Horden, 38-57

Howe, Irving, 'Philip Roth Reconsidered', in *Critical Essays on Philip Roth*, ed. by Sanford Pinsker (Boston: G. K. Hall & Co, 1982), 229-244

Hunsaker Hawkins, Ann, *Reconstructing Illness. Studies in Pathography* (West Lafayette: Purdue, 1999)

Hurwitz, Brian, 'Form and Representation in Clinical Case Reports', *Literature and Medicine*, 25/2 (2006), 216-240

——— 'Clinical Cases and Case Reports: Boundaries and Porosities', in *The Case and the Canon. Anomalies, Discontinuities, Metaphors Between Science and Literature*, ed. by Alessandra Calanchi and others (Göttingen: V&R Unipress, 2011), 45-57

Iser, Wolfgang, *The Range of Interpretation* (New York: Columbia University Press, 2000)

Jolles, André, *Einfache Formen. Legende, Sage, Mythe, Rätsel, Spruch, Kasus, Memorabile, Märchen, Witz* (Halle: Forschungsinstitut für Neuere Philologie, 1930)

Jones, Ernest, *The Life and Work of Sigmund Freud, The Life and Work of Sigmund Freud*, ed. and abridged by Lionel Trilling and Steven Marcus (London: Hogarth Press, 1961)

Kakutani, Michiko, 'Philip Roth's Latest Man Without Much to Show for Life', *The New York Times*, 26 April 2006 <<http://www.nytimes.com/2006/04/26/books/26kaku.html>> [accessed 10 December 2012]

Kauvar, Elaine, 'This Doubly Reflected Communication: Philip Roth's "Autobiographies"', *Contemporary Literature*, 36/3 (1995), 412-446

- Keltner, Stacey, *Kristeva. Thresholds* (Cambridge: Polity Press, 2011)
- Kemp, Peter, 'The Enemy Within', *The Sunday Times*, 3 October 2010
- Kennedy, Meegan, *A Curious Literature: Reading the Medical Case History From the Royal Society to Freud* (unpublished doctoral thesis, Brown University, 2000)
- *Revising the Clinic, Vision and Representation in Victorian Medical Narrative and the Novel* (Columbus: Ohio State University, 2010)
- King, Martina, 'Inspiration und Infektion. Zur literarischen und medizinischen Wissensgeschichte von 'auszeichnender Krankheit' um 1900', *Internationales Archiv für Sozialgeschichte der deutschen Literatur*, 35/2 (2010), 61-97
- Kleinman, Arthur, *The Illness Narratives. Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988)
- Klussmann, Rudolf, *Psychotherapie. Psychoanalytische Entwicklungspsychologie. Neurosenlehre. Behandlungsverfahren. Aus- und Weiterbildung* (Berlin: Springer Verlag, 2000)
- Koelb, Clayton, *Thomas Mann's 'Goethe and Tolstoy'. Notes and Sources* (Alabama: The University of Alabama Press, 1984)
- Koopmann, Helmut, *Thomas Mann und seine Quellen* (Frankfurt a. M.: Vittorio Klostermann, 1991)
- 'Imitation, Mutation, Evolution', in "Was war das Leben? Man wusste es nicht" *Thomas Mann und die Wissenschaften vom Menschen*, ed. by Thomas Sprecher, Thomas-Mann-Studien 39 (Frankfurt am Main: Vittorio Klostermann, 2008), 91-110
- 'Naturphilosophie im Zauberberg', in 'Der Zauberberg' – *die Welt der Wissenschaften in Thomas Mann Roman*, ed. by Dietrich von Engelhardt and Hans Wißkirchen (Stuttgart: Schattauer, 2003), 124-136
- ed., *Thomas-Mann-Handbuch*, 3rd edn (Stuttgart: Kröner, 2001)
- Kottow, Andrea, *Der Kranke Mann; Medizin und Geschlecht in der Literatur um 1900* (Frankfurt am Main: Campus Verlag, 2006)
- Kristeva, Julia, *Powers of Horror. An Essay on Abjection*, trans. by Leon S. Roudiez (New York: Columbia University Press, 1982)
- *Soleil Noir. Dépression et Mélancolie* (Paris: Gallimard, 1987)

- Kristiansen, Børge, 'Thomas Mann und die Philosophie', in *Thomas-Mann-Handbuch*, ed. by Koopmann, 3rd edn (Stuttgart: Kröner, 2001), 259-283
- Kubzansky, Laura, and Ichiro Kawachi, 'Going to the Heart of the Matter: Do Negative Emotions Cause Coronary Heart Disease?', *Journal of Psychosomatic Research*, 48 (2000), 323-337
- Laqueur, Thomas W., 'Bodies, Details, and the Humanitarian Narrative', in *The New Cultural History*, ed. by Lynn Hunt (Berkeley: University of California Press, 1989), 176-204
- Lawlor, Clark, *Consumption and Literature: the Making of the Romantic Disease* (Basingstoke: Palgrave Macmillan, 2006)
- Leavitt, Judith, *Typhoid Mary* (Boston: Beacon Press, 1996)
- Leder, Drew, 'A Tale of Two Bodies: The Cartesian Corpse and the Lived Body', in *The Body in Medical Thought and Practice*, ed. by Drew Leder, Philosophy and Medicine, 43 (Dordrecht: Kluwer Academic Publishers), 17-36
- Lee, Hermione, *Philip Roth* (London: Methuen, 1982)
- Lehmann-Haupt, Christopher, 'Books of the Times', *The New York Times*, 19 October 1983
- Lelchuk, Alan, 'On the Breast' in *Conversations with Philip Roth*, ed. by Searles, 55-62
- Machacek, Gregory, 'Allusion', *Publications of the Modern Language Association of America*, 122/2 (2007), 522-536
- Marcus, Greil, 'Philip Roth's Playful, Unpredictable *Nemesis*', *Salon*, 13 October 2010  
<[http://www.salon.com/2010/10/13/nemesis\\_philip\\_roth/](http://www.salon.com/2010/10/13/nemesis_philip_roth/)> [accessed 5 January 2013]
- Marcus, Steven, 'Freud and Dora', in *In Dora's Case. Freud, Hysteria, Feminism*, ed. by Charles Bernheimer and Claire Kahane (New York: Columbia University Press, 1985)
- Marks, Harry, 'Medical Technologies: Social Contexts and Consequences', in *Companion Encyclopedia of the History of Medicine*, ed. by Porter and Bynum, II, 1592-1618
- Max, Kathrin, *Niedergangsdiagnostik; zur Funktion von Krankheitsmotiven in 'Buddenbrooks'* (Frankfurt am Main: Vittorio Klostermann, 2008)

- Medin, Daniel L., 'Liebliche Lüge?: Philip Roth's 'Looking at Kafka'', *Comparative Literature Studies*, 44 (2007), 38-50
- *Three Sons; Franz Kafka and the Fiction of J. M. Coetzee, Philip Roth, and W. G. Sebald* (Evanston: Northwestern Univ. Press, 2010)
- Meyer, Friedman and Ray Rosenman, 'Association of Specific Behaviour Pattern with Blood and Cardiovascular Findings', *Journal of the American Medical Association*, 169 (1959), 1286-1296
- Middelkoop, Norbert, *Rembrandt Under the Scalpel The Anatomy Lesson of Dr. Nicolaes Tulp Dissected* (Amsterdam: Six Art Promotion/Mauritshuis The Hague, 1998)
- Mikkonen, Kai, 'The Metamorphosed Body in Philip Roth's *The Breast*', *Studies in Contemporary Fiction*, 41/1 (1999), 13-44
- Miller, Laura, 'Scheherazade in the Consulting Room', *The Connecticut Forum*, 15 June 2003, <<http://www.ctforum.org/content/scheherazade-consulting-room>> [accessed 6 March 2011]
- Miller, Nancy, *Bequest And Betrayal; Memoirs of a Parent's Death* (Oxford: Oxford University Press, 1996)
- Montgomery Hunter, Kathryn, *Doctors' Stories. The Narrative Structure of Medical Knowledge* (Princeton: Princeton University Press, 1991)
- Neve, Michael, 'Medicine and Literature', in *Companion Encyclopedia of the History of Medicine*, ed. by Porter and Bynum, II, 1520-1535
- Nussbaum, Martha, 'Nietzsche, Schopenhauer, Dionysus', in *The Cambridge Companion to Schopenhauer*, ed. by Christopher Janaway (Cambridge: Cambridge University Press, 1999), 344-374
- Omer-Sherman, Ranen, 'Philip Roth. *Everyman*', *Philip Roth Studies*, 2/2 (Fall 2006), 161-167
- Otis, Laura, *Membranes; Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics*, Medicine and Culture (Baltimore: Johns Hopkins University Press, 1999)
- Oxford English Dictionary*, electronic resource (Oxford: Oxford University Press, 2000)

Parks, Tim, 'The Truth about Consuela', *London Review of Books*, November 2010, 17-18

Parsons, Talcott, *The Social System* (New York: The Free Press, 1951)

——— *Action Theory and the Human Condition*, (New York: The Free Press, 1978)

Paul, John, *A History of Poliomyelitis*, Yale Studies in the History of Science and Medicine, 6  
(New Haven: Yale University Press, 1971)

Pelling, Margaret, 'Contagion/Germ Theory/Specificity', in *Companion Encyclopedia of the History of Medicine*, ed. by Roy Porter and William Bynum, I, 304-323

Pethes, Nicolas and Sandra Richter, 'Einleitung', in *Medizinische Schreibweisen. Ausdifferenzierung und Transfer zwischen Medizin und Literatur (1600-1900)*, ed. by Nicolas Pethes and Sandra Richter (Tübingen: Niemeyer, 2008)

——— 'Ästhetik des Falls. Zur Konvergenz anthropologischer und literarischer Theorien der Gattung', in 'Fakta, und kein moralisches Geschwätz.' *Zu den Fallgeschichten im 'Magazin zur Erfahrungsseelenkunde' (1783-1793)*, ed. by Sheila Dickson and others (Göttingen: Wallstein Verlag, 2011), 3-32

——— 'Epistemische Schreibweisen. Zur Konvergenz und Differenz naturwissenschaftlicher und literarischer Erzählformen in Fallberichten', in *Der ärztliche Fallbericht. Epistemische Grundlagen und textuelle Strukturen dargestellter Beobachtung*, ed. by Rudolf Behrens and Carsten Zelle (Wiesbaden: Harrassowitz Verlage, 2012), 1-22

Philip Roth in an interview with Charles McGrath, 'Haunted by Illness, Feels Fine.' *New York Times*, 25 April 2006 <<http://www.nytimes.com/2006/04/25/books/25roth.html>>  
[accessed 10 December 2012]

Philip Roth in an interview with Robert Siegel, 'Book Review: Philip Roth's *Nemesis*', *NPR*, 5 October 2010 <<http://www.npr.org/templates/story/story.php?storyId=130356655>>  
[accessed 5 February 2013]

Philip Roth, *The Facts: A Novelist's Autobiography*, 10th edn (London: Vintage, 2007)

Pick, Daniel, *Faces of Degeneration: A European Disorder, 1848-1918* (Cambridge: Cambridge University Press, 1993)

Pinsker, Sanford, *The Comedy that "Hoits"* (Columbia: University of Missouri Press, 1975)

——— 'Guilt as Comic Idea: Franz Kafka and the Postures of American-Jewish Writing', *Journal of Modern Literature*, 6 (1977), 466-71

- Plante, David, 'Conversations with Philip. Diary of a Friendship', in *Conversations with Philip Roth*, ed. by Searles, 150-161
- Pomata, Gianna, 'Sharing Cases. The *Observationes* in Early Modern Medicine', *Early Science and Medicine*, 15 (2010), 193-236
- Porter, Roy and William Bynum, eds, *Companion Encyclopedia of the History of Medicine*, 2 vols (London: Routledge, 1993)
- *The Greatest Benefit to Mankind; A Medical History of Humanity* (New York: Norton, 1999)
- Posnock, Ross, *Philip Roth's Rude Truth. The Art of Immaturity* (Princeton: Princeton University Press, 2006)
- Reed, Terence J., *Thomas Mann. Der Tod in Venedig. Text, Materialien, Kommentar mit den bisher unveröffentlichten Arbeitsmaterialien Thomas Mann* (Munich: Carl Hanser Verlag, 1983)
- 'Death in Venice'; *Making and Unmaking a Master* (New York: Twayne Publishing, 1994)
- *Thomas Mann. The Uses of Tradition*, 2nd edn (Oxford: Clarendon Press, 1996)
- 'Thomas Mann und die literarische Tradition', in *Thomas-Mann-Handbuch*, ed. by Koopmann, 95-136
- Reiser, Stanley Joel, 'The Science of Diagnosis: Diagnostic Technology', in *The Companion Encyclopedia*, ed. by Porter and Bynum, II, 826-851
- Ridley, Hugh, *Thomas Mann. Buddenbrooks* (Cambridge: Cambridge University Press, 1987)
- Robertson, Ritchie, 'Primitivism and Psychology: Nietzsche, Freud, Thomas Mann', in *Modernism and the European Unconscious*, ed. by Peter Collier and Judy Davies (New York: St. Martin's Press, 1990), 79-93
- 'Thomas Mann (1875-1966): Modernism and Ideas', in *The Cambridge Companion to European Novelists*, ed. by Michael Bell (Cambridge: Cambridge University Press, 2012), 343-360
- Rogers, Naomi, *Dirt and Disease. Polio Before FDR* (New Brunswick: Rutgers University Press, 1992); Edmund Sass, *Polio's Legacy. An Oral History* (Lanham: University Press of America, 1996)

- Rothfield, Lawrence, *Vital Signs. Medical Realism in Nineteenth-Century Fiction* (Princeton, NJ: Princeton University Press, 1992)
- Royal, Derek Parker, *Philip Roth. New Perspectives on an American Author* (Westport: Praeger, 2005)
- ‘Plotting a Way Home. The Jewish American Novel’, in *A Companion to the American Novel*, ed. by Alfred Bendixen (Oxford: Blackwell, 2012), 241-258
- Rütten, Thomas, ‘Krankheit und Genie. Annäherungen an Frühformen einer Mannschen Denkfigur’, in *Literatur und Krankheit im Fin de Siècle (1890-1914)*, ed. by Thomas Sprecher, Thomas-Mann-Studien, 26 (Frankfurt a. M.: Vittorio Klostermann, 2002), 131-170
- Sacks, Oliver, *The Man who Mistook his Wife for a Hat* (New York: Touchstone, 1970)
- Saxton, Martha, ‘Philip Roth Talks About His Own Work’, in *Conversations with Philip Roth*, ed. by Searles, 77-81
- Scarry, Elaine, *The Body in Pain. The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985)
- Schafer, Roy, ‘Narration in the Psychoanalytic Dialogue’, *Critical Inquiry*, 7/1 (1980), 29-54
- ‘Reading Freud’s Legacy’, in *Telling Facts: History and Narration in Psychoanalysis*, ed. by Joseph Smith and Humphrey Morris, Psychiatry and the Humanities, 13 (Baltimore: The Johns Hopkins University Press, 1992), 1-20
- Schaffner, Anna Katharina, *Modernism and Perversion: Sexual Deviance in Sexology and Literature, 1850-1930* (Basingstoke: Palgrave Macmillan, 2011)
- Schonfield, Ernest, *Art and Its Uses in Thomas Mann’s ‘Felix Krull’*, Modern Humanities Research Association Texts and Dissertations, 70, Bithell Series of Dissertations, 32 (London: Maney Publishing, 2008)
- Schonlau, Anja, *Syphilis in der Literatur. Über Ästhetik, Moral, Genie und Medizin, 1880-2000* (Würzburg: Königshausen & Neumann, 2005)

- Schury, Gudrun, 'Lichtanatomie. Thomas Mann und die Ästhetik der Röntgenbilder', in *Literatur und Ästhetik. Texte von und für Heinz Gockel*, ed. by Julia Schöll (Würzburg: Königshausen & Neumann, 2008), 123-132
- Seagroatt, Heather, 'Hard Science, Soft Psychology, and Amorphous Art in *The Picture of Dorian Gray*', *Studies in English Literature, 1500-1900*, 38/4 (1998), 741-759
- Searles, George J., 'Philip Roth's 'Kafka': A 'Jeu-ish American' Fiction of the First Order.', *Yiddish*, 4/4 (1982), 5-1
- Seavey, Linda, and others, *A Paralyzing Fear. The Triumph Over Polio in America* (New York: TV Books, 1998)
- Segal, Hanna, 'A Psychoanalytic Approach to Aesthetics', in: *Reading Melanie Klein*, ed. by Lyndsey Stonebridge and John Phillips (London: Routledge, 1998), 203-221
- Shakespeare, William, *The Works of Shakespeare*, ed. by William J. Craig, 18 vols (London: Methuen and Co., 1905), I: *The Tragedy of Hamlet*, ed. by Richard Dowden
- Shamdasani, Sonu, *Jung and the Making of Modern Psychology. The Dream of a Science* (Cambridge: Cambridge University Press, 2003)
- Shechner, Mark, *Up Society's Ass, Copper. Rereading Philip Roth* (Madison: The University of Wisconsin Press, 2003)
- 'Grave Commentary: A Roundtable Discussion on *Everyman*', *Philip Roth Studies*, 1 (2007), 3-25
- Sheehan, Richard, 'Nemesis', *Philip Roth Studies*, 7/1 (2011), 97-101
- Sherwin, Paul, 'Frankenstein: Creation as Catastrophe', in *Bloom's Literary Themes: The Sublime*, ed. by Harold Bloom and Blake Hobby (New York: Infobase Publishing), 65-88
- Shookman, Ellis, *Thomas Mann's Death in Venice. A Novella and its Critics* (Rochester, N. Y.: Camden House, 2003)
- Shorter, Edward, *Bedside Manners. The Troubled History of Doctors and Patients* (London: Viking, 1986)



——— ‘The History of the Doctor-Patient Relationship’, in *Companion Encyclopedia of the History of Medicine*, ed. by Porter and Bynum, II, 783-800

Shostak, Debra, ‘Return to *The Breast*: The Body, the Masculine Subject, and Philip Roth’, *Twentieth Century Literature: A Scholarly and Critical Journal*, 45/3 (1999), 317-335

——— *Philip Roth. Countertexts, Counterlives* (South Carolina: University of South Carolina Press, 2004)

Sill, Geoffrey, *The Cure of the Passions and the Rise of the English Novel* (Cambridge: Cambridge University Press, 2001)

Silver, Julie, and Daniel Wilson, *Polio Voices. An Oral History From the American Polio Epidemics and Worldwide Eradication Efforts* (Westport: Praeger, 2007)

Sinclair, Clive, ‘Doctor or Pornographer? Clive Sinclair Talks to Philip Roth About his New Book’, in *Conversations with Philip Roth*, ed. by Searles, 188-191

Smith, Margaret, ‘*My Life as a Man*: The Surprises Manhood Brings’, in *Philip Roth. New Perspectives on an American Author*, ed. by David Parker Royal (Westport: Praeger, 2005), 75-88

Snow, Charles P., *The Two Cultures*, ed. by Stefan Collini (Cambridge: Cambridge University Press, 1993)

Snowden, Frank M., *Naples in the Time of Cholera. 1884-1911* (Cambridge: Cambridge University Press, 1995)

Sontag, Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1970)

Stern, Guy, ‘Thomas Mann und die jüdische Welt’, in *Thomas-Mann-Handbuch*, ed. by Koopmann, 54-67

Stone, Norman, *Europe Transformed, 1878-1919* (Cambridge, Mass.: Harvard University Press, 1984)

Storr, Anthony, ‘Psychoanalysis and Creativity’, in *Freud and the Humanities*, ed. by Peregrine Horden (Duckworth: London, 1985), 38-57

Swales, Martin, *Buddenbrooks. Family Life as the Mirror of Social Change* (Boston: Twayne Publishers, 1991)

——— *Mann. Der Zauberberg* (London: Grant and Cutler, 2000)

Syrkin, Marie, 'The Fun of Self-Abuse', *Midstream* 15 (April 1969), 64-68

Taylor, Christopher, 'Nemesis by Philip Roth', *The Guardian*, 2 October 2010

<<http://www.guardian.co.uk/books/2010/oct/02/nemesis-philip-roth-book-review>>

[accessed 4 January 2013]

Thomé, Horst, *Autonomes Ich und 'Inneres Ausland'. Studien über Realismus und Psychiatrie in deutschen Erzähltexten 1848-1914* (Tübingen: Max Niemeyer Verlag, 1993)

Tougaw, Jason Daniel, *Strange Cases. The Medical Case History and the British Novel* (New York: Routledge, 2006)

Updike, John, 'Yahweh over Dionysus', *The New Yorker*, 7 November 1983, 174-181 (repr. in John Updike, *Odd Jobs. Essays and Criticism* (New York: Alfred A. Knopf, 1991), 366-380)

Vaget, Hans Rudolf, 'Hoover's Mann: Gleanings from the FBI's Secret File on Thomas Mann', in *The Fortunes of German Writers in America: Studies in Literary Reception*, ed. by Wolfgang Iser and others (Columbia: University of South Carolina Press, 1992), 131-144

——— 'Vom 'höheren Abschreiben. Thomas Mann, der Erzähler', in *Liebe und Tod - in Venedig und Anderswo*, ed. by Thomas Sprecher (Würzburg: Vittorio Klostermann, 2005), 15-32

Vendler, Helen, *The Odes of John Keats* (Cambridge, Mass.: The Belknap Press of Harvard University Press, 1983)

Vickers, Neil, *Coleridge and the Doctors, 1795-1806* (Oxford: Clarendon Press, 2004)

——— 'Coleridge, Moritz and the 'Psychological' Case History', *Romanticism*, 13/3 (2007), 271-280

——— 'Canonicity and the Psychoanalytic Case History: the Case of Anna O.' in *The Case and the Canon. Anomalies, Discontinuities, Metaphors Between Science and Literature*, ed. by ed. by Alessandra Calanchi and others (Göttingen: V&R Unipress, 2011), 103-11

——— <http://www.kcl.ac.uk/artshums/depts/english/people/staff/academic/vickers/index.aspx> [accessed 18 April 2013]

- Virchow, Christian, 'Medizin und Biologie in Thomas Manns Roman *Der Zauberberg*. Über physiologische und biologische Quellen des Autors', in *Das 'Zauberberg'-Symposium 1994 in Davos*, ed. by Thomas Sprecher, Thomas-Mann-Studien, 11 (Frankfurt am Main: Vittorio Klostermann, 1995), 117-172
- von Engelhardt, Dietrich, 'Die Welt der Medizin im Werk von Thomas Mann', in *Thomas Mann und die Wissenschaften*, ed. by Dietrich von Engelhardt and Hans Wißkirchen, Literatur und Wissenschaft im Dialog, 1 (Lübeck: Dräger, 1999), 41-76
- von Gronicka, André, 'Myth plus Psychology: a Style Analysis of 'Death in Venice'', in *Germanic Review*, 31 (1956), 191-205
- Walden, Daniel and Derek Parker Royal, eds, *Philip Roth's America: The Later Novels* (Lincoln: The University of Nebraska Press, 2004)
- Watts, Sheldon, *Epidemics and History. Disease, Power and Imperialism* (New Haven: Yale University Press, 1997)
- Weinberger, Theodore, 'Philip Roth, Franz Kafka, and Jewish Writing', *Literature and Theology*, 7 (1993), 248-258
- Wells, Susan, 'The Rat Man and the Case Study: Genre in Three Keys', *New Literary History*, 34 (2003), 353-366
- Widmaier-Haag, Susanne, *Es war das Lächeln des Narziss. Die Theorien der Psychoanalyse im Spiegel der literaturpsychologischen Interpretationen des 'Tod in Venedig'* (Würzburg: Königshausen & Neumann, 1999)
- Wieler, Michael, *Dilettantismus - Wesen und Geschichte: Am Beispiel von Heinrich und Thomas Mann* (Würzburg: Königshausen & Neumann, 1996)
- Wiener, Robert, 'Separating Fact From Fiction in Philip Roth's Latest Novel', *New Jersey Jewish News*, 10 November 2010 <<http://www.njjewishnews.com/article/2427/separating-fact-from-fiction-in-philip-roths-latest-novel#.UO554469Zlk>> [accessed 10 January 2013]
- Wolf, Ernest M., *Magnum Opus. Studies in the Narrative Fiction of Thomas Mann* (New York: Peter Lang, 1989)
- World Health Organization, *Global Tuberculosis Report 2012*, <<http://www.who.int/topics/tuberculosis/en/>> [accessed 16 July 2012]

